

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000003809**

1. Corporation Name

NATIONAL A-1 ADVERTISING, INC.

Principal Place of Business

Mailing Address

101 S. 8TH STREET
PHILADELPHIA PA 19106

101 S. 8TH STREET
PHILADELPHIA PA 19106

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

106 S. 7th ST

106 S. 7th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Philadelphia PA

City & State

Philadelphia PA

Zip

19106

Country

USA

Zip

19106

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

23-2765087

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COHEN, RICHARD	220 LOCUST ST., 8C	PHILADELPHIA PA
V	KESSLER, SANDRA	3637 MEADOW WAY	HUNTINGTON VALLEY PA

800024184268
10/28/03--01006--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, FRED
2716 NE 8TH ST., STE 710 NORTH
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Fred Cohen

REGISTERED AGENT MUST SIGN

Date

10/23/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03

CR2E040 (7/03)