

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
T. Wayne Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99AR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22791

1. Corporation Name

Around Town Publications, Inc.

Principal Place of Business Mailing Address

1413 S. Powerline Rd. (same)
Pompano Beach, FL 33069

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

4. Date Incorporated or Qualified To Do Business in Florida

3/11/81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2079071

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Patrick Mascola	1413 S. Powerline Rd.	Pompano Beach, FL 33069

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-05/13/99--01102--010
***308.75 ***308.75

8. Name and Address of Current Registered Agent

Patrick Mascola
1413 S. Powerline Rd.
Pompano Beach, FL 33069

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers 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.

Signature of Registered Agent

[Signature] REGISTERED AGENT MUST SIGN

Date 4/27/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See instructions for information on intangible tax.)

12. 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 607.0491 or 617.0491, 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

954-971-8008

Date Daytime Phone #

CP 92081 12-98