

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -8 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300103197513
05/24/07--01025--022 **450.00

DOCUMENT # P03000078949
1. Corporation Name
THE GREAT OUTDOOR NETWORK, INC.

2. Principal Office Address - No P.O. Box # 325 CLEMATIS ST	3. Mailing Office Address 325 CLEMATIS ST
Suite, Apt. #, etc. STE 100-310	Suite, Apt. #, etc. STE 100-310
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401	Country US

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **07/17/2003**

5. FEI Number **770604677**

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name **ROBERT E SHOCKEY III**

Street Address (P.O. Box Number is Not Acceptable) **2472 SW GAMBERI ST**

Suite, Apt. #, Etc.

City **PORT SAINT LUCIE** State **FL** Zip Code **34953-2709**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **ROBERT E SHOCKEY III** Date **5-1-2007**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ROBERT E SHOCKEY III	2472 SW GAMBERI ST	PORT SAINT LUCIE FL 34953-2709

B 5/8/08
REINSTATEMENT *05-07*

10. 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 contained in Chapter 119, 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]* **ROBERT E SHOCKEY III** Date **5-1-2007** 954 854 0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #