

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 28 PM 3:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

REINSTATEMENT 03

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| 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

10/31

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 10/23/03
 Daytime Phone #

CR2E040 (7/03)