PLEASE READ A	LL INSTRUCTIONS	BEFORE CO	MPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S	tham	FILED
REINSTATEMENT	DIVISION OF CORPOR	RATIONS	97 JUL 25 MIII: 19
DOGUMENT # 3/0858	•	. • •	
DOGUMENT # 3/0858 1. Corporation Name John Jelinek Advertising			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Diseased Diseased Business Mailing Address			
900 University Blvd N			
900 University Blvd N Suite 600 Jacksonville, F1 32211			
If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida
	City & State	5	5. FEI Number Applied For Not Applicable
Zip Country	Zip Countr	y	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	Str	ations must list at least (eet Address of Each ficer and/or Director	3 directors) City / State / Zip
P John Jelinek	3 (Do NOT U	se Post Office Box Num	nbers) 4
P JOHN JEIMAL	suite	610	accessiving 11 3221
			8000022511382 -07/29/9701093004
			***1 245.00 ***1245.00
	, in	EINSTAT	FMFNT 94-91
			df 91
			7-25
8. Name and Address of Current Re	egistered Agent	9. Name	Name and Address of New Registered Agent
ago University Blud N		Street Address (P.O.	Box Number is Not Acceptable)
suite 6/0		Suite, Apt. #, Etc.	<u> </u>
Jacksanville, Fl	32211	City	State Zip Code FL
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			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side 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 607.0401 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed Name of Signing Officer or Director			