

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 23 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378167

1. Corporation Name
ALBERTS ADVERTISING CO., INC.

2. Principal Office Address
9000 SW 87 CT

3. Mailing Office Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

Zip Country
33176 US

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **3/4/71**

5. FEI Number
591317903

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PAUL ALBERTS

Street Address (P.O. Box Number is Not Acceptable)
10820 SW 124 ST

Suite, Apt. #, Etc.

City
MIAMI

700005754647--8
-06/11/02--0122--003
***300.00 *** 300.00

State Zip Code
FL 33176

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 **Paul Alberts**
REGISTERED AGENT MUST SIGN

Date **5/21/02**

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

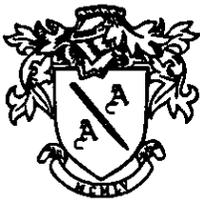
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAUL ALBERTS	10820 SW 124 ST.	MIAMI, FL. 33176
SECR.	SHIRLEY ALBERTS	9030 SW 64 ST.	MIAMI, FL. 33173
TREAS.	MAUREEN LEVINE	8136 SW 86 TERR.	MIAMI, FL. 33143
			201.25-AR
			10.00-ARACTS
			88.75-ARSLUPP

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 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: **Paul Alberts** **PAUL ALBERTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/21/02** 305-
Daytime Phone # **270-1660**

CR2E081 (9/01)



Alberts Advertising Co., Inc.

9000 S.W. 87th Court, Suite 103
Miami, FL 33176
Tel: 305-270-1660
Fax: 305-270-1640

May 21, 2002

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation #59-1317903 Document #378167

Gentlemen:

I am enclosing a corporate reinstatement form for Alberts Advertising Co., Inc., the above-referenced Florida corporation. Since moving to a new location, we have never received any forms for filing our annual report, even though we had a forwarding order with the U.S. post office. Therefore, have not paid the annual corporate report fee for the past 2 years. We are enclosing a check for \$300.00 to cover the fees for 2001 and 2002.

Our corporation should not have been dissolved. Please waive any reinstatement fee.

Sincerely,

Paul M. Alberts
President

Encl.