

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR -4 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600169672876
02/18/10--01043--019 **300.00

REINSTATEMENT 08-10

4. Date incorporated or Qualified
To Do Business in Florida 8/26/71

5. FEI Number 591358365 ☐ Applied For
☐ Not Applicable

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

☒ 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.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 387455

1. Corporation Name

Nissen Advertising, Inc.

W1-8571

2. Principal Office Address - No P.O. Box #

811 E. Main St.

3. Mailing Office Address

811 E. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

LAKELAND, FL

Zip

33801

Country

USA

Zip

33801

Country

USA

7. Name and Address of Current Registered Agent

Name

NIS H. NISSEN III

Street Address (P.O. Box Number is Not Acceptable)

811 E. Main St.

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

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

NIS H. NISSEN III

REGISTERED AGENT MUST SIGN

Date 2/15/10

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. | NIS H. NISSEN III | 4406 Sugarwood W | LAKE LAND, FL 33801 |
| | | | |
| | | | |
| | | | |
| | | | |

600169672876
03/04/10--01044--023 **150.00

10. E-mail Address: NIS@NISSENADV.COM

(To be used for future annual report notification)

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, I further certify, 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:

NIS H. NISSEN III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10 863-688-7078

Date

Daytime Phone #

3/5 an