

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 NOV 12 AM 11:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **559736**

1. Corporation Name
ADVERTISING AND DESIGN SYSTEMS, INC.

Principal Place of Business Mailing Address
800 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131 US



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida 02/14/1978	
Suite, Apt. #: etc.		Suite, Apt. #: etc.		5. FEI Number 59-1815178 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
PDT	JACKSON, ESTHER	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
VDS	PESATURO, PHYLLIS	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131

100008574731
 10/24/02--01093--002 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE ACCESS, INC. 236 E. 6TH AVENUE TALLAHASSEE FL 32303	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 *Darryl B. Smith* **SIGNATURE REQUIRED** Date 11/12/02
 REGISTERED AGENT MUST SIGN

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: *Phyllis Pesaturo* **SIGNATURE REQUIRED** 10/24/02 36-7133700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)