(PLEASE READ PLICATION FOR ISTATEMENT	FLORID	A DEPAI Sandra Secreta	IONS BEFORE (RTMENT OF STATE B. Mortham ary of State corporations	1	TING THIS FORM. AFPROVIOUS AND CORRESPONDED AND CORRESPONDED	
DOCUMENT # 1/13805					98 AUG 31 AM 9: 16		
Dan Richardson Advertising, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
781-B Park	Hilltop Drive, #6 of the Palms one Heights, FL 32656	Mailing Address Box 24 Keystone Heights, FL 32656			REMSTATEMENT 41-98		
	rincipal Office Address, If Applicable	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 03/21/1979 5. ESTANDARD		
City & Stat	te	City & State			5. FEI Number Applied For 59–1896264 Not Applicable 6.		
Zip	Country	Zip Country			CERTIFICATE OF STATUS DESIRED 58.73 Additional Fee required for a Certificate of Status		
7. Names Title(s)	and Street Addresses of Each Officer and/ Name of Officers and/or Directors	or Director (Flo	3 (D	Street Address of Each Officer and/or Director o NOT Use Post Office Box f	h r Numbers)	City / State / Zip	
P				Hilltop Drive of the Palms	, #6	Keystone Heights, FL 3	2656
V	Joyce H. Richardson		Park c	Hilltop Drive, of the Palms		Keystone Heights, FL 326	56
S	Joyce H. Richardson			Hilltop Drive, f the Palms		Keystone Heights, FL 32656	
T	Joyce H. Richardson			Hilltop Drive, f the Palms	#6	Keystone Heights, FL 326	56
		<u> </u>				90-98	
8. Name and Address of Current Registered Agent Joyce H. Richardson					9. Name and	Address of New Registered Agent	
781-B Hilltop Drive, #6 Park of the Palms Keystone Heights, FL 32656					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the above named corporation, am familia				City amiliar with and accept the o	######################################		
Signature o Registered	1 R.D	adson GISTERED AGI	ENT MUST			Date 8-26-98	
	nis corporation owes or ha langible Personal Propert				l No □	(See other si de for information on inlan g ible 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 ewed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

S-26-99(352) 473-4359
Date Dayline Phone #