

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **696540**

1. Corporation Name

CONCEPT ONE ADVERTISING, INC.

Principal Place of Business

Mailing Address

407 21ST AVE WEST
PALMETTO FL 34221
US

407 21ST AVE WEST
PALMETTO FL 34221
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1981

5. FEI Number

59-2113729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WHITESEL, PATTY L	407 21 AVE W	PALMETTO FL
DP	WHITESEL, DONALD L	407 21 AVE W	PALMETTO FL

8888882702298-3
-12/03/98-01094-023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITESEL, DONALD L
449 10TH. AVE. WEST
PALMETTO FL 34221

Name

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

407 21st AVE W.

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (9/98)

ROME ASSOCIATES

CPAs/Business Consultants



2101 Manatee Ave. W.
Bradenton, FL 34205
(941) 748-4556
Fax: (941) 749-0014

November 18, 1998

535 Central Ave.
St. Petersburg, FL 33701
(813) 823-1000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Concept One Advertising Inc
Document #696540

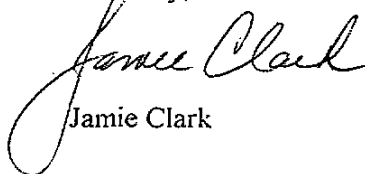
Dear Sir or Madame;

Enclosed please find check #5325 in the amount of \$150.00 and signed Document #696540.

We are assuming that the original document has been lost in the mail. The original document was mailed to you on April 10, 1998 with check # 5149 in the amount of \$150.00. As of this letter check #5149 has not cleared the client's checking account.

Thanking you in advance for your consideration in this matter.

Sincerely,



Jamie Clark

encl