

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 807832

1. Corporation Name

NATIONAL ADVERTISING COMPANY

Principal Place of Business

6850 S. HARLEM AVE
BEDFORD PARK IL 60501

Mailing Address

3M CENTER
INCOME TAX. BLDG. 220-6E-02
ST. PAUL MN 55144-1000

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

2502 N. Black Canyon
Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable

2502 N. Black Canyon
Suite, Apt. #, etc.

City & State

PHOENIX, AZ

City & State

PHOENIX, AZ

Zip

85009

Country

USA

Zip

85009

Country

U.S.A.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
BOB	OSMON, D.R.	3M CENTER	ST. PAUL MN
Chairman	Levine, W.S.	2502 N. Black Canyon	PHX, AZ 85009
VPCM	JOHNSON, M.A.	3M CENTER	ST. PAUL MN
Pres.	Moreno, A.R.	2502 N. Black Canyon	PHX, AZ 85009
T	BURGSTALLER, R.J.	3M CENTER	ST. PAUL MN
	Beverage, B.M.	2502 N. Black Canyon	PHX, AZ 85009
S	RODIS, T.G.	6850 S HARLEM AVE	BEDFORD PARK IL
	Beverage, B.M.	2502 N. Black Canyon	PHX, AZ 85009
	FALCO, J.M.	6850 S HARLEM AVE	BEDFORD PARK IL 60501
	ALCANTARA, B.		
B	SWEET, B.C.	3M CENTER	ST. PAUL MN
	ALCANTARA, B.		

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002792331-6

-03/02/99-01065-013

***300.00 State ***300.00

FL

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

Mary J. Kenney, Asst. V.P.

REGISTERED AGENT MUST SIGN

Date

1-28-99

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:

Bill Beverage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/98 (602)246-9569
Date Date and Phone #

REINSTATEMENT

98-99

FILED

99 FEB 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02/28/1949

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number

36-2360530

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100002792331-6

-03/02/99-01065-013

***300.00 State ***300.00

CR25040 (9/98)