PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations			SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAR - 3 PM 12: 16
DOCUMENT # F0400000a74a 1. Corporation Name			
Britten Billboards Inc			B 3/5/08
2. Principal Office Address - No P.O. Box # 2322 Cass Road	3. Mailing Office Adda	ress	REINSTATEMENTOS
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida
<u>Viraverse City MI</u>	City & State -		3gFENW12646 Applied For
Zip Country 49684 USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	of Current Registered Ag	jent	
CT Corportation			The reinstatement fee is imposed, except in
1200 S Pine Island Rd			circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement
Plantation State 33324		fee be waived.	
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 Registered Agent Date			
Names and Street Addresses of Each Officer		<u> </u>	secretary
Titles Name of Officers and/or Direct		Street Address of E Officer and/or Dire	Each City / State / 7 in
President Paul Britten	4000) Incochee Cres	st Commons Traverse City, MI 49684
			000120746700 03/19/0801035013 **158.75
			000120746700 03/19/0801035014 **1050.00
10. 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 contained in Chapter 119, 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. Paul Britten 01/07/2008 231-941-8200			
SIGNATURE: Paul Britten 01/07/2008 231-941-8200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			