

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000000429

1. Entity Name
R.J. DALE ADVERTISING, INC



FILED
08 NOV 20 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1250 RACETRACK RD, SUITE 208 TAMPA, FL 33626	Mailing Address 211 EAST ONTARIO ST, SUITE 200 CHICAGO, IL 60611
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REINSTATEMENT 08



2. Principal Place of Business - No P.O. Box # 12950 Racetrack Road	3. Mailing Address
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Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc.
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City & State Tampa, FL	City & State
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Zip 33626	Country	Zip	Country
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10242008 REIN-P CR2E098 (1/07)

4. FEI Number 36-3064291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LIGHTY, CAROLYN M
14641 CANOPY DRIVE
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name Carolyn M. Lighty
Street Address (P.O. Box Number is Not Acceptable) 6303 Songbird Way
City Tampa State FL Zip Code 33625

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carolyn M. Lighty* DATE: 11/16/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT DALE, R.J. 211 E ONTARIO SUITE 200 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137369354 10/28/08--01028--023 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rakus Dal* Date: 10/27/08 Daytime Phone #: 312.644.2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #