


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F76489**

1. Corporation Name

**OUTDOOR ADVERTISING, INC.**

Principal Place of Business

1625 W. MARION AVE.  
STE 6  
PUNTA GORDA FL 33950  
US

Mailing Address

P O BOX 511249  
PUNTA GORDA FL 33951  
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

**04/08/1982**

5. FEI Number

**59-2231756**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
P	MCQUEEN, ROBERT N	2330 SHORE DR	PUNTA GORDA FL
ST	MCQUEEN, PAULA F	2330 SHORE DR	PUNTA GORDA FL

300003095463--7  
-01/12/00-01012-013  
\*\*\*\*758.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

MCQUEEN, ROBERT N  
1625 W. MARION AVE.  
STE 6  
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

McQueen Paula F.

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

1625 W. Marion Ave

Suite, Apt. #, Etc.

Suite 6

City

Punta Gorda

State

FL

Zip Code

33950

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

*Paula F. McQueen*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**12/30/99**

11. 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:

*Paula F. McQueen*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/30/99**

Daytime Phone

*[Signature]*