## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secret	ARTMENT OF STAT tary of State f corporations		TALLAHISSEL F OCHOA  11 MAR 18 PM 1:47		
DOCUMENT # 1. Corporation Name F81559 Airborne Billboards, Inc.				•		
· · · · · · · · · · · · · · · · · · ·		rd Avenue etc 4. Date		CR2EOB1 (6/10)		
City & State City & State Hollywood, FL New Yo		ork NV 5. FEI				
Zip Country	Žip	Country	59-25770	\$8.75 Additional Fee required		
36628	10022		CENTIFICAT	tor a Certificate of Status		
7. Name and Address of Current Registered Agent  Name NRAI Services, Inc  Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			03/1	<b>400197</b> 892274 03/15/1101012012 **450.00		
Suite. Apt. #, Etc Suite 4 City Weston		State Zip Code		<b>400197892274</b> 03/15/1101012013 **26.25		
8. 1. 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 Date 3/17/11  REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Chairman Richard M. Schaps		800 Third Avenue		New York, NY 10022		
President John Haegele		800 Third Avenue		New York, NY 10022		
Mark H. Johnston		800 Third Avenue		New York, NY 10022		
Exec. V.P. Steven S. Pretsfelder		800 Third Avenue		New York, NY 10022		
Bruno A. Walmsley		800 Third Avenue		New York, NY 10022		
10. E-mail Address: spretsfelder@vanwagner.com  (To be used for future annual report notification)						
17. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phorip **						

3/18/11