

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR 21 AM 8:13

DOCUMENT # F96000001050

1. Corporation Name

LIST ADVANTAGE, INC

REINSTATEMENT

97-07

2. Principal Office Address - No P.O. Box #

131 S. COURT SQUARE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OZARK, AL

City & State

Zip

Country

36360

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

CR2E081 (1/07)

5. FEI Number

631033397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen M. Golding Company, LIMITED PARTNERSHIP

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

2950 W. Cypress Creek Rd

Suite, Apt. #, Etc.

Suite 102

City

Ft. Lauderdale

State

FL

Zip Code

33309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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

*[Signature]*

Date 2-20-07

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
Pres.	Bruce G. Burley	131 S. COURT SQUARE	OZARK, AL 36360

300095904793  
04/05/07--01043--005 \*\*1665.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

2-20-07

Date

334 774 0061

Daytime Phone #