

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC -7 AM 8:55

SEC. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H98551

1. Corporation Name

American Outdoor Advertising, Inc.

2. Principal Office Address

7300 Camino Real

Suite, Apt. #, etc.

# 105

City & State

Boca Raton Fl.

Zip

33433

Country

USA

3. Mailing Office Address

7300 Camino Real

Suite, Apt. #, etc.

# 105

City & State

Boca Raton Fl.

Zip

33433

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/10/86

5. FEI Number

592634414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Nigara Gustinelli

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

7300 Camino Real #105

Suite, Apt. #, Etc.

# 105

City

Boca Raton

State

FL

Zip Code

33433

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

*Lisa Nigara Gustinelli*  
REGISTERED AGENT MUST SIGN

Date 12/6/05

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
PD	Bruno Gustinelli	7300 Camino Real # 105	Boca Raton, Fl. 33433
VPS	Lisa Nigara Gustinelli	7300 Camino Real # 105	Boca Raton, Fl. 33433

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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 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:

*Bruno Gustinelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/05

(561) 395-1637  
Date Daytime Phone #