

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06-08
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H98551

1. Corporation Name

AMERICAN OUTDOOR ADVERTISING, INC.

200122483632
04/07/08--01035--026 **1085.00

CR2E081 (12/07)

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

7300 CAMINO REAL

Suite, Apt. #, etc.

#105

City & State

BOCA RATON, FL

Zip

33433

Country

US

3. Mailing Office Address

7300 CAMINO REAL

Suite, Apt. #, etc.

#105

City & State

BOCA RATON, FL

Zip

33433

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02101986

5. FEI Number
59-2634414

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

Suite, Apt. #, Etc.

#105

City

BOCA RATON

State

FL

Zip Code

33433

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

Lisa Niagara Gustinelli
REGISTERED AGENT MUST SIGN

Date 30 MARCH 2008

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

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:

BRUNO GUSTINELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO GUSTINELLI

03/30/2008

954 646 0853

Date

Daytime Phone #

SP 4/8