

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 OCT 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K49776**

1. Corporation Name

STEVE GUSTAFSON ADVERTISING, INC.

Principal Place of Business

Mailing Address

6348 BONNIE COURT • ST. CLOUD, FL 34771

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

89-96 AD

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12.1.88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-300-3038

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P/D	STEPHEN A. GUSTAFSON	6348 BONNIE COURT	ST. CLOUD, FL 34771
S/D	CHERYL L. GUSTAFSON	6348 BONNIE COURT	ST. CLOUD, FL 34771

300001997393-9
-11/06/96-01031-013
***1367.50 ***1367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EDMUND T. WOOLFOLK
LANDMARK CENTER ONE - SUITE 555
315 E. ROBINSON STREET
ORLANDO, FL 32802-3751**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Edmund T. Woolfolk
REGISTERED AGENT MUST SIGN

Date **X 10/24/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **STEVE (STEPHEN A.) GUSTAFSON** *Steve Gustafson* 10.22.96 407.957.0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS2040 (12/95)