## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# K99459

FILED Oct 22, 2009 Secretary of State

Entity Name: ORI ANDO REGIONAL ADVERTISING FUND INC

|  | REGIONAL ADVERTISING          | OND, IIVO.                                  |  |  |
|--|-------------------------------|---|--|--|
| Current Principal Place of   | Business:                     | New Principal Place                         | of Business:                                 |  |
| 13041 AUTOMOBILE BLVD<br>CLEARWATER, FL 33762  | US                            |   |  |  |
| Current Mailing Address:   |                               | New Mailing Address                         | New Mailing Address:                         |  |
| P O BOX 17730<br>CLEARWATER, FL 33762  | US                            |   |  |  |
| FEI Number: 59-2971606 F   | FEI Number Applied For()      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name   |                               | Name and Address o                          | me and Address of New Registered Agent:      |  |
| NOBBE, CHARLES W<br>13040 AUTOMOBILE BLVD<br>CLEARWATER, FL 33762                            | US                            |   |  |  |
| The above named entity sub in the State of Florida.  | mits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATURE: CHARLES W   | V. NOBBE                      |   |  |  |
| Electronic S   | Signature of Registered Age   | ent   | Date   |  |
| In accordance with s. 607.193(2) Election Campaign Financing Tre                             |                               | t receive the prior notice.                 |  |  |
| OFFICERS AND DIRECTORS:  |                               | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: CP () Del Name: NOBBE, CHARLES Address: 4512 MARLIN LANE City-St-Zip: PALMETTO, FL 34 | W<br>E                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title: STD () Del  | lete                          | Title:                                      | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI L. GOODWIN SD 10/22/2009