

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M22329**

1. Corporation Name

**SHELTER ADVERTISING OF HIALEAH, INC.**

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

**200 East Basse Road**

Suite, Apt. #, etc.

3. Mailing Office Address

**200 East Basse Road**

Suite, Apt. #, etc.

City & State

**San Antonio**

City & State

**San Antonio**

Zip

**78209**

Country

**USA**

Zip

**78209**

Country

**USA**

**7. Name and Address of Current Registered Agent**

Name

**Capitol Corporate Services, Inc.**

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

**155 Office Plaza Dr.**

Suite, Apt. #, Etc.

**Suite A**

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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

*Please See attached for signature*

Date

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
P	Paul J. Meyer	200 East Basse Road	San Antonio, TX 78209
V	Scott T. Bick	200 East Basse Road	San Antonio, TX 78209
S	Andrew W. Levin	200 East Basse Road	San Antonio, TX 78209
D	L. Lowry Mays	200 East Basse Road	San Antonio, TX 78209
D	Mark P. Mays	200 East Basse Road	San Antonio, TX 78209
D	Randall T. Mays	200 East Basse Road	San Antonio, TX 78209

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:

*Scott T. Bick* **Scott T. Bick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2008

Date

210-820-2828

Daytime Phone #

**FILED**

**08 DEC 30 PM 1:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**300139364943**  
12/30/08--01050--010 \*\*8.75

**300139364943**  
12/30/08--01050--009 \*\*2100.00

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida **10/23/1985**

5. FEI Number  
**592591054**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

☐ 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.

Capitol Corporate Services, Inc., being appointed the registered agent of SHELTER ADVERTISING OF HIALEAH, INC., are familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Gayle Windle  
Gayle Windle, Assistant Secretary

Date 12-29-2008