

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N26864

**1. Corporation Name**

TRI-COUNTY MITSUBISHI ADVERTISING ASSOCIATION,  
INC.

**2. Principal Office Address**

2255 S. Federal Highway

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Delray Beach, Florida

**City & State**

**Zip**

33483

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06-08-88

**5. FEI Number**

65-0061767

**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**

Grant W. Kehres

400003178414-9

-03/22/00--01001--011

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

2000 Glades Road, Suite 302

**Suite, Apt. #, Etc.**

Suite 302

**City**

Boca Raton

**State**  
FL

**Zip Code**  
33431

**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**

REGISTERED AGENT MUST SIGN

**Date** 2-24-2000

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
XX	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXX FL</del>
PDT	LANG, IRA	2255 S. Federal Hwy.	Delray Beach, FL
S	FITTANTO, CARLO	2255 S. Federal Hwy,	Delray Beach, FL
D	CUILLO, ROBERT	2300 Okeechobee Blvd.	West Palm Beach, FL
XX	<del>SCHUMACHER, ROBERT</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXX FL</del>
D	SCHUMACHER, CHUCK	3750 Northlake Blvd.	Lake Park, FL

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLO FITTANTO, Secretary 2-25-2000

**Date**

**Daytime Phone #**

(561) 276-7800

CR2E081 (9/99)