

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAR 10 PM 4:52

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

Country

Zip

Country

33483

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

**REINSTATEMENT 97-018**

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
XX	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>2755 S. Federal Hwy</del>	<del>Delray Beach, 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>SHERMAN, ROBERT</del>	<del>1850 S. XXXX XXX Hwy</del>	<del>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:

CARLO FITTANTO, Secretary 2-25-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 276-7800

CR2E081 (9/99)