


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 APR 17 AM 8:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # W 33144
1. Corporation Name
 WEST PALM BEACH ADVERTISING POOL INC.

04/24/03--01001--004 **420.00
 500016820825
 04/24/03--01001--004 **420.00

2. Principal Office Address
 1033 W CONGRESS AVE
 Suite, Apt. #, etc. N/A
 City & State WEST PALM BEACH, FL
 Zip 33409 Country USA
3. Mailing Office Address
 SAME
 Suite, Apt. #, etc. N/A
 City & State SAME
 Zip SAME Country SAM

4. Date Incorporated or Qualified To Do Business in Florida 6/30/89
5. FEI Number N/A
6. CERTIFICATE OF STATUS DESIRED **Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent
 Name STEBER, KAREN O'BRIAN
 Street Address (P.O. Box Number is Not Acceptable) FLORIDA NATIONAL BANK BLDG. 301 E. OCEAN BLVD
 Suite, Apt. #, Etc. # 310
 City STUART, FL State FL Zip Code 34994

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 *Karen O'Brien Vega* Date 4/18/03
 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 |
|--------|-----------------------------------|--|---------------------------|
| PTO | CHRISTOPHER TUMMINO | 1033 N. CONGRESS AVE | WEST PALM BEACH, FL 33409 |
| VP/S/O | KEVIN SAMPSON | 1801 WATKINS AVE # 62 | DELRAY BEACH, FL 33444 |
| D | JOHN SANTAGATA | 2973 S FEDERAL HWY | STUART, FL 34994 |
| | | | |
| | | | |

W 00-03 UBR TS

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: *John Santagata* Director Date 4/18/01 Time 772 283 4110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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Tyrene SCOTT

Enclosed is Reinstatement App
Form # W38144

Address was changed on
Jan 2000 after that we
never received any Annual
Report Forms - that is why
this corp became inactive
as per our conversation
enclosed is ck. Form # 420

15% Reinstatement Fee
61.25 - 2000
61.25 - 2001
61.25 - 2002
61.25 - 2003

420 TOTAL

John Santagata
772 2834110