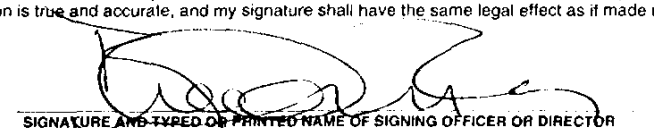


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 MAY 18 PM 12:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000002383					
1. Corporation Name Greater Tallahassee Advertising Federation, Inc					
Principal Place of Business			Mailing Address PO Box 37264 Tallahassee, FL 32317		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/29/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3443330	
City & State		City & State		Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Dir	BRAD RAY PERIC	2037 Heatherbrook Dr	Tall, FL 32312		
Dir	Brian Ramos	106 W. College Ave	Tall, FL 32301		
Dir	Maureen Thompson	2978 Giverny Circle	Tall, FL 32308		
Dir	Ty Wold	109 B Ridgeland Rd	Tall, FL 32315		
			500002893015--9 -06/02/99--01084--001 ****122.50 ****122.50		
8. Name and Address of Current Registered Agent Tyler Wold 109 B. Ridgeland Rd Tall., FL 32315			9. Name and Address of New Registered Agent Name Brad Ray Street Address (P.O. Box Number is Not Acceptable) 2037 Heatherbrook Drive Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32312-5117		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 			Date 5/18/99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. 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: 			Date 5/18/99 Daytime Phone # 850-224-3612		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (12/98)