PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ⊌ REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

N97000002383 DOCUMENT #

1. Corporation Name

GREATER TALLAHASSEE ADVERTISING FEDERATION, INC.

Principal Place of Business

Mailing Address

PO BOX 37264

TALLAHASSEE FL 32317

PO BOX 37264 TALLAHASSEE FL 32317

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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THE WAR	ATEMENT	\cap	1-0
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If above a	ddresses are incorrect in any way, line	through incorrect in	nformation and e	enter correction below.	Manage &	STATEMEN	0-06			
New Principal Office Address, If Applicable 3. New Ma		3. New Mailin	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/29/1997					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number		Applied For			
City & State		City & State	City & State		59-3443330 6. \$8.75 Addi		Not Applicable			
Zip	Country	Zip	C	ountry			75 Additional Fee required or a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip					
D	RAY BRAD //			2037 HEATHERBROOK DB Sta 106 327 Office Plaza Dr.		TALLAHASSEE FL 32304				
D				106 W. COLLEGE AVENUE Ste. 2068 1020 E LA FAUETTE St.		TALLAHASSEE FL 3230 /				
D	THOMPSON, MAUREEN CARFT.	2978 GIVER	n , ,	Phuy	TALLAHASSEE FL 32.30 /					
D	RAVENSCRAFT, MARK WOLD, IY PERRY, Chris		109 B RIDGELAND RD 12105. Adams St.		TALLAHASSEE FL 3230/					
·					201	 poo956 <u>0</u> 6:	82			
					12/17/0	<u> </u>	**297.50			
<u> </u>	8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
Name					is Perry					
RAY, BRAD				Street Address (P.O. Box Number is Not/Acceptable)						
	Heatherbrook Drive Hassee Fl 32312-5117			Suite, Apt. #, Etc) <u> </u>	TANNS C	,			
				City Tallahassee State Zip Code 30/						
10. I, bein	g appointed the registered agent of the	above named corp	oration, am fam	iliar with and accept the o	obligations of Sect	tion 607.0505, F.S.				
Signature o		REGISTERED	ENT MUST SIG	SAN SAN		Date /2 - 4	-02			

11.1 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 12-4-02 224-8717

Daytime Phone #