PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	NSTATEMENT Secret			EPARTMENT OF STATE cretary of State on of corporations		FILED 11 HAR 30 PH 2: 19	
DOCUMENT # PODOOOCH 2648 1. Corporation Name				SECRETARY OF STATE TABLAHASSEE, PLONIOA			
Seashore Advertising Corp.					ÇA,E	The transfer of the second	•
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l		Office Address ird Avenue					
Suite, Apt. #, etc. Suite, Apt. #		etc.			4. Date Incorporated or Qualified		
City & State City & St Hollywood, FL New		rork, NY			To Do Business in Florida April 27, 2000 5. FEI Number Applied For		
Zip Country	Zip	Country			59-2577128 Not Applicable		
33023 USA	10022		USA ,		CERTIFICATE OF CTATUS DECIDED 30.10 AGGINGITAL		dditional Fee required Certificate of Status
7. Name and Address of Current Registered Agent Name						0010000	,
NRAI Services, Inc					. 9001 99868779 03/30/1101034017 **150.00		
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					000100000		
Suite, Apt. #, Etc. Suite 4					900199868779 03/30/1101034015 **900.00		
City Weston	State Zip Code FL 34677			•		·]	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblinging ture of Registered Agent					ligations of section 607.0505 or 617.0503, F.S. Date 3/29/2011		
REGISTERED AGENT MUST SIGN							
Names and Street Addresses of Each Officer and Name of Officers and/or Directors	/or Director (Florid	Street Address of Each Officer and/or Director			st 3 directors)	City / State / Zi	p .
Richard M. Schaps		800 Third Avenue			•	New York, NY	10022
Mark H. Johnston	}	800 Third Avenue			ie	New York, NY	10022
President John Haegele		800 Third Avenue				New York, NY	10022
Steven S. Pretsfe	lder {	800 Third Avenue			e	New York, NY	10022
Bruno A. Walmsley		800 Third Avenue			Э	New York, NY	10022
			•				·
10. E-mail Address: spretsfelder@vanwagner.com							
(To be used for future annual report notification) 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 filting this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617, O401, F.S., that all fees owed by the corporation have been paid of urther certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath							
SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

3/30/11