

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065094

1. Corporation Name

POSTER NATION, INC.

2. Principal Office Address

3661 MADACA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3661 MADACA LANE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33618

Country

City & State

TAMPA, Florida

Zip

33618

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/3/2000

5. FEI Number

59-3706882

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

STEVE A. RICHARDSON

Street Address (P.O. Box Number is Not Acceptable)

18506 Turtle Drive

Suite, Apt. #, Etc.

City

Lutz,

State

FL

Zip Code

33618

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

Date

4/24/03

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
PRES	STEVE A. RICHARDSON	18506 Turtle Dr.	Lutz, florida 33618

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE A. RICHARDSON

Date

4/24/03

Daytime Phone #

813-948-3900

CR2E081 (10/02)

gs 4/30

Steve Richardson, President  
Poster Nation, Inc.  
3661 Madaca Lane  
Tampa, Florida 33618  
Tel: 813-948-3900  
Fax: 813-948-1025

Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

April 24, 2003

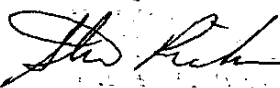
Per my telephone discussion this morning with Service Representative Eula, I am enclosing on behalf of Poster Nation, Inc., Doc. No. P00000065094, a Corporate Reinstatement form along with a check for the total of \$450.00.

It has been recently brought to my attention that the proper UBR filing requirements have not been met due to a failure to receive any UBR reports since 2001. Service Representative Eula has confirmed per State Records that delivery of any prior report to the address on record had failed and was returned to the State Department.

Given these facts, we respectfully request reinstatement of Poster Nation, Inc. and acceptance of UBR fees of \$150.00 due for the years 2001, 2002 and the current year 2003. Please note that we have made all necessary corrections for future filing.

Thank you for your assistance. If there are any questions please feel free to contact me at the aforementioned number.

Sincerely,



Steve Richardson, President  
Poster Nation, Inc.