


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
American Para Advertising, Inc.
901000104827

2. Principal Office Address
7700 West Camino Real
Suite, Apt. #, etc.
#400
City & State
Boca Raton, FL
Zip
33433 Country
USA

3. Mailing Office Address
7700 West Camino Real
Suite, Apt. #, etc.
#400
City & State
Boca Raton FL
Zip
33433 Country
USA

FILED

03 MAR 11 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003
UBR

02-03

400013907604

03/11/03--01011--015 ***300.00

4. Date Incorporated or Qualified To Do Business in Florida
11/1/01

5. FEI Number
65-1154325 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
Michael W. Kirshon, Esq.

Street Address (P.O. Box Number is Not Acceptable)
7700 West Camino Real

Suite, Apt. #, Etc.
#400

City
Boca Raton State
FL Zip Code
33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent
[Signature] Date
3/6/03

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
<i>Pres</i>	<i>Jason Kirshon</i>	<i>1408 SW 22nd Ave Delray Beach FL 33445</i>	<i>Delray Beach FL</i>

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: *Jason Kirshon* *JASON KIRSHON* Date
3/6/03 Daytime Phone #
561 929 1641

CR2E081 (10/02)