

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000064420

1. Corporation Name

TRUCKSIDE ADVERTISING, INC.

Principal Place of Business

Mailing Address

1975 EAST SUNRISE BOULEVARD
SUITE 800
FORT LAUDERDALE FL 33304

1975 EAST SUNRISE BOULEVARD
SUITE 800
FORT LAUDERDALE FL 33304

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	WARREN J Chiavardi	1975 E Sunrise Blvd. Suite 800	Ft. Lauderdale, FL 33304

8. Name and Address of Current Registered Agent

CHIAVAROLI, WARREN J
1975 EAST SUNRISE BOULEVARD
SUITE 800
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name WARREN J CHIAVAROLI
Street Address (P.O. Box Number is Not Acceptable)
1975 E Sunrise Blvd, Suite 800
Suite, Apt. #, Etc.
City Ft. Lauderdale, State FL Zip Code 33304

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. or 617.0505, F.S.

Signature of
Registered Agent

WARREN J CHIAVAROLI
REGISTERED AGENT MUST SIGN

Date 12/8/03

11. 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:

WARREN J CHIAVAROLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/03
WARREN J CHIAVAROLI 954-557-7339

FILED

04 JAN -5 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 07

REINSTATEMENT



800025969738
01/05/04--01017--015 **150.00

CR2E040 (7/03)

12/8/03

To Whom It May Concern:

002000064420

I did not receive any notification from your department that a fee was owed. Due to this lack of notification and because I75C is an extreme hardship, I have enclosed \$150 to reinstate the cooperation. Please accept this payment and waive the late fee.

Thank you,

Warren J. Charand

954-557-7339