



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000099580		
1. Entity Name ANAPOLSKY & ASSOCIATES ADVERTISING, INC.		

FILED
05 MAR 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1765 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233	Mailing Address 1765 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
03102005 REIN-P CR2E098 (6/04)	
4. FEI Number 20-2468758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ANAPOLSKY, MICHAEL	NAME	
STREET ADDRESS	1765 SELVA MARINA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	ANAPOLSKY, HEATHER	NAME	
STREET ADDRESS	1765 SELVA MARINA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:	DATE	Daytime Phone #
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