


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED
 08 MAR 5 AM 6:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P04000171987

1. Corporation Name

NATAE ADVERTISING CORP

REINSTATEMENT 0608

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
810 SW 50 AVE		810 SW 50 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MARGATE, FL		MARGATE, FL	
Zip	Country	Zip	Country
33068	USA	33068	USA

CR2E051 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
20-2057802
☐ 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
DIXON ALEXANDREStreet Address (P.O. Box Number is Not Acceptable)
2800 W OAKLAND PARK BLVD.Suite, Apt. #, Etc.
101City
OAKLAND PARKState Zip Code
FL 33311
☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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*Dixon Alexandre*

Date

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
D	GUY DESRUISSEAU	810 SW 50 AVE	MARGATE, FL 33311
D	KETIA NOEL	810 SW 50 AVE	MARGATE, FL 33311

 800119479448
 03/05/08--01037--006 **450.00

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 contained in Chapter 119, 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:

GUY DESRUISSEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/08

Date

954-461-0198

Daytime Phone #

203/13