

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044915

**1. Corporation Name**

AB ADVERTISING CORPORATION

**2. Principal Office Address**

7499 PEMBROKE RD

**3. Mailing Office Address**

c/o R L FELDMAN, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8900 SW 107 AVE, STE 203

City & State

HOLLYWOOD, FL

City & State

MIAMI, FL

Zip

33084

Country

USA

Zip

33176

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/25/1993

**5. FEI Number**

650420317

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

FELDMAN, ROBERT L ESQUIRE

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

8900 SW 107 AVENUE

Suite, Apt. #, Etc.

STE 203

City

MIAMI

State

FL

Zip Code

33176

**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

*Robert L. Feldman*

Date 04/21/04

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
PSD	BUTLER, ALICE U	180 SW 125TH AVENUE	PLANTATION FL 33325
VTD	CLARK, DAVID A	180 SW 125TH AVENUE	PLANTATION FL 33325

**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:

*David A. Clark* DAVID A. CLARK

4/21/04

305-598-4841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)