

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 22 PM 4:34

DOCUMENT # P93000066632

1. Corporation Name

OUT OF TOWN NEWSPAPERS, INC.

Principal Place of Business

Mailing Address

1407 RAINBOW AVE.
WEST PALM BEACH FL 33406

1407 RAINBOW AVE.
WEST PALM BEACH FL 33406

REINSTATEMENT

06-07

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0439651

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	HAAS, ELIZABETH A	1407 RAINBOW AVE.	WEST PALM BEACH FL 33406
P	GATLIN, GERTRUDE A	1407 RAINBOW AVE.	WEST PALM BEACH FL 33406
ST	FORD, DIANE M	1407 RAINBOW AVE.	WEST PALM BEACH FL 33406

8. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L
400 AUSTRALIAN AVE. SOUTH
SUITE 850
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: LeeAnn Gies
Street Address (P.O. Box Number is Not Acceptable): 12570 Orange Grove Blvd
Suite, Apt. #, Etc.:
City: Royal Palm Beach FL Zip Code: 33411

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.

Signature of
Registered Agent

LeeAnn Gies
REGISTERED AGENT MUST SIGN

2/11/01

Date 10/13/00

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:

Gertrude Gatlin President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/00 561-967-5892