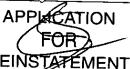
SPLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## ELORIDA DEPARTMENT OF STATE

## Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P94000062652 **DOCUMENT #** 

1. Corporation Name

CASHI OUTDOOR ADVERTISING, INCORPORATED

Principal Place of Business

CASHI OUTDOOR ADV. INC.

2904 S. WESTMORELAND DR. ORLANDO FL 32805

US

Mailing Address

P.O. BOX 555847 ORLANDO FL 32855-5847 02 OCT 30 PM 6: 30

SECRETARY OF STATE

2. New Principal Off	ice Address, If Applicable	through incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified		
Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State			08/22/1994	
City & State				5. FEI Number 59-3275580	Applied For	
				00 021 0000	Not Applicable	
Сір . 	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	

Zip	,	Country	Zip	Country	6.	CD 75	Not Applicable
		<u></u>	•	•	CERTIFICAT	TE OF STATUS DESIRED A S8.75 Add for a Ce	itional Fee required
7. Names	and Street Ad	Idresses of Each Officer an	d/or Director (Florida nor	profit corporations must list	t at least 3 directors)		
Title(s)	2	Name of Officers and/or Directors	3	Street Address of Officer and/or Di	of Each	City / State / Zip	)
. P	KASCHAI, RALPH C		1120	1120 BYERLY WAY 2385 Forest Club Drive		ORLANDO FL 32818 Orlando FL 32804	
···		,					
			-		<b>00</b> ,	    DOO8684220  201006001 **158	75
						331 14130	
	· <u>.</u>						
8. Name and Address of Current Registered Agent				<u> </u>	9. Name and 4	Address of New Registered Agent	

Name KASCHAI, R. CASH 2904 SOUTH WESTMORELAND DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 -Suite, Apt. #, Etc. City State Zip Code

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

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

