

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

00-01 UBR

FILED

01 AUG 10 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015973

1. Corporation Name

S.R. ADVERTISING, INC.

Principal Place of Business

Mailing Address

~~841 NW 57TH PL.~~  
FT. LAUDERDALE FL 33309

~~841 NW 57TH PL.~~  
FT. LAUDERDALE FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~6355 County Rd. 575~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~6355 County Rd. 575~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1996

5. FEI Number

65-0638311

Applied For

Not Applicable

City & State  
Bushnell Florida

City & State  
Bushnell, FL

Zip  
33513

Country  
USA

Zip  
33513

Country  
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RYAN, WILLIAM	841 NW 57TH PL.	FT. LAUDERDALE FL 33309

600004547936--1  
-08/22/01--01007--020  
\*\*\*\*300.00 \*\*\*\*300.00

LS

8. Name and Address of Current Registered Agent

RYAN, WILLIAM  
841 NW 57TH PL.  
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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.

Signature of  
Registered Agent

WILLIAM RYAN  
REGISTERED AGENT MUST SIGN

Date 8-1-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-01  
Date

954-566-8808  
Daytime Phone #

CR2E040 (8/00)

2012

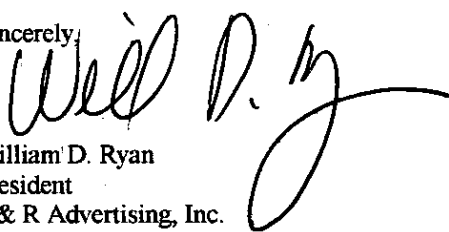
August 1, 2000

To Whom It May Concern:

Enclosed please find my company check #2056 in the amount of \$300.00. As discussed with your office today, we have not been receiving your correspondence via the mail, and it has been returned to you. We have a new address, and although we filed that address change with the US Post office. For some reason some of our mail isn't being forwarded. Therefore, as instructed by your office this check will cover the fees necessary for our reinstatement.

Thank you for your assistance with this matter.

Sincerely,



William D. Ryan  
President  
S & R Advertising, Inc.  
6355 County Road 575  
Bushnell, FL 33513