		DI EAGI	E DEAD /	NI INST	-DIICT	2IAOI	REFORE (COMPLET	ING THARPEROW	£D	٠	
AP	PLICAT FOR		READ A	FLORIDA DEPARTMEN Katherine Ha			NT OF STAPE arris	OMPLETING THE PROMED AND FILED				
REINSTATEMENT					Secretary of State				00 JAN 21 AM 8:55			
DOCUMENT # P960000 28166 1. Corporation Name Bottary & Partners Public Relations, Tic.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
•	lace of Busine			Mailing Address				_			~	
201 N. Hogan St. Swite 100				201 N. Hogan Str Suite 100								
Jacksonville, FL 32202 Jacks						onville, FL 32202			REINSTATEMENT 98-2000			
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail					information and enter correction below. ling Office Address, If Applicable			Date Incorporated or Qualified				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				To Do Business in Florida 04/01/96 5. FEI Number Applied For			_	
City & State				City & State				T KO-230/ 17/			ot Applicable	
Zíp Country			Zip Country				CERTIFICATE OF STATUS DESIRED					
	and Street Ad	Name	of Officers	r Director (Flo	rida nonpro	Str	ations must list at lea eet Address of Each licer and/or Director	n	Cin. / S			
Title(s) 1	(s) and/or Directors			3 (Do NOT Us			h mond Fark		4	State / Zip	=	
P	> Leo J. Bottary			br. North			#105		Jacksonville	,FL 3	2224	
1/1/19	T/S Terry G. Derreberry				3378 Pickwick Dr.			: South	Jacksonvill	e, FL	32257	
Λ	Jax R. Solomon			485 Sat			turiba D	or.	Atlantic Bea	ch, FL	32233	
V	Todd M. Lynch			3984 Hi			gh Pine Road		Jacksonville	, FL 3	2225	
Name and Address of Current Registered Age					ent			2000031050427 -01/21/0001034001 9. Name and Address of New Registered Agent				
Frederick R. Short, Jr.								2 O Pay Number	is Not Assentable)			
3733 University Blvd. West Suite 203						Street Address (P.O. Box Number is Not Acceptable)						
		registered a	FL 3:	2217	vation am f	andiar wi	th and accept the ol	bligations of Secti	FL		-	
Signature of Registered	•	Jeyisiered a	PEC	hor SISTERED AS	ENT WEST	_			Date	199		
			wes the o			e 30.	Yes	□ No 🗹	(See other s	de for informa ingible tax.)	tion	

12. 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 filling 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

3/3//99

358-7888

Daytime Phone #