

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010801

1. Corporation Name

Ralph Chancey Advertising, Inc.

2. Principal Office Address

2413 Bayshore Blvd.

3. Mailing Office Address

2413 Bayshore Blvd.

Suite, Apt. #, etc.

Unit 1805

Suite, Apt. #, etc.

Unit 1805

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/1997

5. FEI Number

59-3427144

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

Ralph Chancey

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

2413 Bayshore Blvd.

Suite, Apt. #, Etc.

Unit 1805

City

Tampa

State

FL

Zip Code

33629

800041815768

10/12/04--01038--003 **1200.00

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

[Signature]

Date 10-7-2004

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
D	Ralph Chancey	2413 Bayshore Blvd. Unit 1805	Tampa, FL 33629

800041815768
10/12/04--01038--004 **8.75

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-2004

Daytime Phone #

CFR2081 (01/04)