

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020201

1. Corporation Name

METRO ADVERTISING SERVICES OF FLORIDA, INC.

Principal Place of Business

5950 PELICAN PLAZA
401
GULFPORT FL 33707
US

Mailing Address

5950 PELICAN PLAZA
401
GULFPORT FL 33707
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1997

5. FEI Number

59-3438312

Applied For

Not Applicable

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

SCHUTT, WILLIAM M

5950 PELICAN PLAZA STE 401

GULFPORT FL 33707

D

SCHUTT, WILLIAM M

2127 PREMIER DRIVE

GULF PORT FL 33707

D

SCHUTT, JAMES S

1370 GULF BLVD APT # 6

MADERIA BEACH FL 33708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUTT, WILLIAM
5950 PELICAN PLAZA
GULFPORT FL 33707

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-8-02

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 REQUIRED William M Schutt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-02 Date 727 480-3079 Daytime Phone #

FILED

02 NOV 18 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400009046374
11/18/02--01042--022 **150.00

CR2040 (8/02)

William Schutt
5950 Pelican Plaza Ste 401
Gulfport, FL 33707

November 5, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Application for Reinstatement for Metro Advertising Services of Florida, Inc.

To Whom it may concern:

As Per Instructions from your office, enclosed is a check for \$150.00 for reinstatement . I never received the first two notices.

Very Sincerely,

A handwritten signature in black ink, appearing to read 'William Schutt', with a long horizontal stroke extending to the right.

William Schutt