

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038706

1. Corporation Name

Payphone Advertising Media, Inc.

2. Principal Office Address

4460-2 Camino Real Way  
Suite, Apt. #, etc.

3. Mailing Office Address

PMB 350  
Suite, Apt. #, etc.  
4421 NW Blichton Road

City & State

Fort Myers, FL

City & State

Ocala, FL

Zip

33912

Country

USA

Zip

34482-4056

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/29/97

5. FEI Number

65-0827323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Bill A. Mattingly

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

4632 Vincennes Blvd

Suite, Apt. #, Etc.

Suite 101

City

Cape Coral

100005096681

-03/12/02--01038--009

\*\*\*900.00 \*\*\*900.00

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date

2/26/02

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
VP	Lawrence P. O'Reilly	PMB350 4421 NW Blichton Rd	Ocala, FL 34482-4056
P	Eileen M. O'Reilly	PMB350 4421 NW Blichton Rd	Ocala, FL 34482-4056

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/02

Daytime Phone #

941/549-1388

CR2E081 (9/01)