


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV 22 AM 10:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000069389 1. Corporation Name J. & V. ADVERTISING AGENCY, INC.					
Principal Place of Business 55 MADRID LANE DAVIE FL 33324		Mailing Address 55 MADRID LANE DAVIE FL 33324			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 5112 SW 87 AVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 5112 SW 87 AVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/06/1997	
City & State COOPER CITY - FL		City & State COOPER CITY - FL		5. FEI Number 65-0779880	
Zip 33328		Country BROWARD		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
DP	PARKER, VICKI	55 MADRID LANE 5112 SW 87 AVE	DAVIE FL 33324 COOPER CITY, FL		
DV	REIMER, JAMES	373 CENTER ISLAND	GOLDEN BEACH FL 33160		
			600003071385--5 -12/15/99--01075--022 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent					
PARKER, VICKI 55 MADRID LANE DAVIE FL 33324 5112 SW 87 AVE COOPER CITY, FL 33324					
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 <u><i>V. Parker</i></u> Date <u>11-19-99</u> REGISTERED AGENT MUST SIGN					
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: <u><i>V. Parker</i></u> 11-19-99 954-252-0853 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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