PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 OCT 25 PM 2: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079823

1. Corporation Name

WEATHERS OUTDOOR ADVERTISING INC.

Principal Place of Business	Mailing Address
27 PINEWOOD CIRCLE SAFETY HARBOR FL 34695	27 PINEWOOD CIRCLE SAFETY HARBOR FL 34695

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 09/01/1998

5. FEI Number 59-3528818 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	WEATHERS, PATRICIA D	27 PINEWOOD CIRCLE	SAFETY HARBOR FL 34695
		000008596030 10/25/02--01076--018 **150.00	

AK 10/30

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WEATHERS, REX G 27 PINEWOOD CIRCLE SAFETY HARBOR FL 34695	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 _Patricia D Weathers / Rex is Deceased_   Date Oct. 23, 2002

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: _Patricia D Weathers_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cell #
(727) 4186041

Date / Daytime Phone #

CR2E040 (8/02)

To Whom All May Concern

I was not aware that I needed to send anything in to keep my corporation. My husband always took care of business. I guess I still have a lot to learn about business. My husband passed away & everything fell on me I'm remitting a check in the amount of $150.00 Sorry for any inconvenience

Respectfully
Patricia Walker