

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090438

1. Corporation Name

PROFESSIONAL AD GROUP INC.

Principal Place of Business

2145 DAVIE BLVD

~~SUITE #104~~

FORT LAUDERDALE FL 33312

Mailing Address

2145 DAVIE BLVD

~~SUITE #104~~

FORT LAUDERDALE FL 33312

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 # 205

City & State

Suite, Apt. #, etc.

Suite # 205

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

5. FEI Number

65-0952270

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVP	EDMONSTON, GISELE	2145 DAVIE BLVD STE 104 205	FORT LAUDERDALE FL 33312

800023748438
10/13/03-01059-001 **150.00

8. Name and Address of Current Registered Agent

EDMONSTON, GISELE

2145 DAVIE BLVD

SUITE 206

FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

Edmonston, Beth

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

2145 Davie Blvd.

Suite, Apt. #, Etc.

Suite # 205

City

Fort Lauderdale

State

FL

Zip Code

33312

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]

REGISTERED AGENT MUST SIGN

Date 10/9/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

Daytime Phone #

CR2E040 (7/03)

From: Professional Ad Group Inc.
2145 Davie Blvd.
Suite #205
Ft. Lauderdale, FL 33312

To: Florida Department Of State

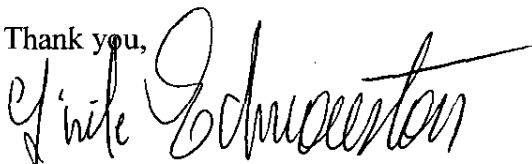
Date: 8 October 2003

Re: Application For Reinstatement

To Whom It May Concern:

In January of this year, this company moved to a different location, please note the new address listed above. This resulted in us not receiving the UBR notices. I've made the address correction on the Reinstatement Application. I've also enclosed the \$150 reinstatement fee and the application to be reinstated.

Thank you,



Gisele Edmonston

President

Professional Ad Group Inc.