

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000091530

1. Corporation Name

ROSBERG ADVERTISING & DESIGN, INC.

Principal Place of Business

Mailing Address

2514 SOUTH FIRST STREET  
JACKSONVILLE BEACH FL 32250

2514 SOUTH FIRST STREET  
JACKSONVILLE BEACH FL 32250

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

10/27/1998

SP

5. FEI Number

59-3542226

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
D	ROSBERG, RICHARD	2514 SOUTH FIRST STREET	JACKSONVILLE BEACH FL 32250

100003023091--5  
-10/25/99--01003--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

AKEL, EDWARD C  
1 INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name RICHARD ROSBERG  
Street Address (P.O. Box Number is Not Acceptable) 2514 S. 1ST ST  
Suite, Apt. #, Etc.  
City JAX BCH State FL Zip Code 32250

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

*Richard Rosberg*

REGISTERED AGENT MUST SIGN

Date 10.13.99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Rosberg*

Date 10.13.99

Daytime Phone # 904-249-5033

FILED

99 OCT 15 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR20040 (8/99)