PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JUL 13 PM 12: 24
DOCUMENT # 1. Corporation Name			SEURE JARY OF STATE TALLAHASSEE, FLORIDA
ROSBERG ADVERTISING & DESIGN, Inc.			
P98000091530 WOV-26109			
2. Principal Office Address 25 14 15T ST. SOUTH	3. Mailing Office Address 2514 IST ST. SOUTH		BELESTATE LEAT 04-06
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida Oct, 27 1198
City & State City & State City & State City & State		DA .	5. FEI Number Applied For
Zip 32250 Country DUVAL	Zip 32250	Country DV VAL	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name RICHARD ROSBERG- Street Address (P.O. Box Number is Not Acceptable) 2514 IST STREET SOUTH Suite, Apt. #, Etc.			
City JACKSON VILLE, FL			State Zip Code 32250
8. I, being appointed the registered agent on 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 4-22-06			
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		Officer and/or Director	
Pres. Richard L. Rosbero	2514	185 ST. South	h JACKSONVILLE, FL 32250
\$17/16			200077727652 07/19/0601045022 **900.00
	1		200077727652 07/19/0601045023 **150.00
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 filling 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 PRINTS NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			