## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # P99000105935  1. Corporation Name											ļ	SEU: MLL:	1	. (	ÀTE h		
Nationwide Billboard Corporation																	
2. Principal Office Address					3. Mailing Office Address												
1500 N. Federal Hwy					1104 Nueces												
Suite, Apt. #, etc.					Suite, Apt. #, etc.												
#200	#200				#104						4. Date Incorporated or Qualified To Do Business in Florida 11/30/99						
City & State					City & State						5. FEI	Numbe	r			Ap	plied For
	Ft. Lauderdale, FL				Austin, TX 78701-2106						74	4-29	37383			No	nt Applicable
<sup>Zip</sup> 33304	4 USA			78701-2106			Counti	•		CERTIFICATE OF STATUS DESIRED 🔀 \$8.75 A					Additiona r a Certifica	t Fee required te of Status	
	7. Name and Address of Current Registered Agent															_	
Stephen V. HOffman, c/o Mastriana & Christiansen, P.A.  Street Address (P.O. Box Number is Not Acceptable)  1500 N. Federal Hwy.  Suite. Apt. #, Etc. 200  City Ft. Lauderdane  State Zip Code FL 33304												38.75					
8. I, being ap Signature of Registered Ag		registere	agenigi	W.	GISTERED				vith and ac	cept the of	oligations	of section	on 607.050 Date	T., 3		, 200	15
<b>9.</b> Names a	and Street Add	iresses	of Each Of	ficer and	d/or Director	(Florida r	nonpro	afit corpo	rations mu	ust list at le	ast 3 dire	ctors)					
Titles	Name of Officers and/or Directors				Street Addres Officer and/o					ess of Each					City / State / Zip		
Pres/ Dir	Curtis	E.	Ford			37	701	Bee	Caves	Rd.,	#10	1	Aust	in, T	X 7874	46	
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10. 1 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 acculate, 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  Date  Daytime Phone #																	