

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 28 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110938**

1. Corporation Name

Vista Outdoor Advertising, Inc.

2. Principal Office Address
3184 W. Barrances Ave.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32507

Country
USA

3. Mailing Office Address
P.O. Box 34078

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32507

Country
USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 12/21/1999

5. FEI Number
593621061

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Drive

Suite, Apt. #, Etc.

Suite 4

City

Westin

State
FL

Zip Code
33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

NRAI Services, Inc. by:

Signature of

Registered Agent

Stephanie Thomas

Date 6/27/04

STEPHANIE THOMAS

REGISTERED AGENT MUST SIGN

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	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Stephen D. Blackshear	5051 Challenger Way	Pensacola, FL 32507

500077137335

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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 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 contained in Chapter 119, 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

6/27/04
Date

(850)458-7165
Daytime Phone #