

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S70734**

1. Corporation Name **SUNBELT ADVERTISING SERVICES**

Principal Place of Business Mailing Address
**P. O. Drawer 40
Greenwood, FL 32443-0040**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **n/a**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable **n/a**

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

98 AUG -4 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

94.98
AD

4. Date Incorporated or Qualified To Do Business in Florida **8/91**

5. FEI Number **59-3088536**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Susan H. Dunaway	4171 Vereen St	Greenwood, FL 32443
VP	Fletch Dunaway	4171 Vereen St	Greenwood, FL 32443
			000002608660--3 -08/05/98--01109--023 ***1350.00 ***1350.00
			000002608660--3 -08/05/98--01109--024 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

do not recall

9. Name and Address of New Registered Agent

Name **Patricia C. Basford**
Pat C. Basford Tax & Accounting Services
Street Address (P.O. Box Number is Not Acceptable)
4926 Avriett Drive
Suite, Apt. #, Etc.
Marianna, FL
City
Marianna State **FL** Zip Code **32446**

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

Patricia C. Basford
REGISTERED AGENT MUST SIGN

Date **July 31, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Fletch Dunaway

Fletch Dunaway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 1998

Date

850/594-1222

850/482-6500

Daytime Phone #

CR2E040 (1/98)