PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPLICATION (A) FLORIDA DEPARTMENT OF STATE FOR OG DIVISION OF CORPORATIONS REINSTATEMENT 1997 APR -7 PM 4: 25 DOCUMENT # V32467 SECRETARY OF STATE 1. Corporation Name Action Graphics of Pinellas Incorporated TALLAHASSEE, FLORIDA Principal Place of Business 1745 1<sup>st</sup> Avenue South St. Petersburg, FL 33712 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida April 29,1992 3. New Principal Office Address, If Applicable 2. New Malling Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 201 46th AV. S. 5t. Petersburg, FL 33702 St. Petersburg, FL 33702 Michael Noble 1742 TANglewood Dr. <u> 100002137051---4</u> -04/08/97--01140--006 \*\*\*1080.00 \*\*\*1080.00 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Nobb KASS05 2205 Tyrone Blvd. 5t. Petersburg, FL 33710 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 REGISTERED AGENT MUST SIGN (See other side for 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Michael Noble 4-1.97 (813)895.7400

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Date Date Date