

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

98 DEC -2 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34594**

1. Corporation Name

ADVERTISING SERVICES, INC.

Principal Place of Business

Mailing Address

20011 EMERALD COAST
DESTIN FL 32549
US

P. O. BOX 1659
DESTIN FL 32540
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32541**

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

05/05/1992

5. FEI Number

59-3130394

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	EARLES, CHARLIE	20011 EMERALD COAST PKWY	DESTIN FL
VD-	TREESE, HARRY-	427 NORTH 3RD STREET-	WAGO TX 76710-
ST-	EARLES, GAROL-	20011 EMERALD COAST PKWY-	DESTIN FL
D	CHRISTENSEN, ROBERT L	20011 EMERALD COAST PKWY	DESTIN FL
ST	MODLIN, KIMBERLY S.	20011 Emerald Coast Pkwy	Destin, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC
526 E PARK AVE
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

7000002705277--1

-12/07/98-01160-009

****750.00 ****750.00

State

Zip Code

FL

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

C. Earles **NOT REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-19-98**

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:

CHARLIE EARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/98

Date

850-837-8820

Daytime Phone #

CR2E040 (9/98)