

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000023247

1. Corporation Name

THE CLENDENIN MARKETING GROUP, INC.

500006413785--9
-07/15/02--01085--006
****300.00 ****300.00

2. Principal Office Address		3. Mailing Office Address	
4062 Mallard Drive		4062 Mallard Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Melbourne, FL		Melbourne, FL	
Zip	Country	Zip	Country
32934	USA	32934	USA

4. Date Incorporated or Qualified To Do Business in Florida		2/25/00
5. FEI Number	Applied For	
59-3636102	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name		
JAMES M CLENDENIN		
Street Address (P.O. Box Number is Not Acceptable)		
4062 Mallard Drive		
Suite, Apt. #, Etc.		
City		State
Melbourne,		FL
Zip Code		32934

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.

Signature of Registered Agent

James M Clendenin
REGISTERED AGENT MUST SIGN

Date

July 8, 02

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
P/T	James M Clendenin	4062 Mallard Drive	Melbourne, FL 32934
S	Jennifer S Clendenin	4062 Mallard Drive	Melbourne, FL 32934

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 under section 119.07(3)(l), 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:

James M Clendenin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Clendenin

6/27/02

321-254-6567

Date

Daytime Phone #

CR2E081 (9/01)

7/12/02

James M. Clendenin
4062 Mallard Drive
Melbourne, Florida 32934
(321) 254-6567

June 27, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: THE CLENDENIN MARKETING GROUP, INC.
DOCUMENT #: P00000023247

Per the instructions/guidance provided by a Division of Corporation representative, I am submitting the Corporation Reinstatement Form along with a check for \$300.00.

Until notified by my new accountant that the Corporation had been administratively dissolved after he checked the State Corporation data base, I was unaware of that fact. There is no indication in our records that the UBR 2001 form was received by us. I have checked all of our records pertaining to this matter and believe that we did not receive this document. I've asked my accountant to make sure, in January of every year, that I am reminded of the filing requirement in order to preclude missing the UBR annual filing date.

I request that the enclosed Corporation Reinstatement Form and fee be accepted as a good faith effort to comply with the Florida statutes.

Sincerely,



James M. Clendenin