

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 10:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000090096**

1. Corporation Name

**MERCHANDISING PROFESSIONALS, INC.**

Principal Place of Business

Mailing Address

532 BRANSCOMB RD  
 GREEN COVE SPRINGS FL 32043

532 BRANSCOMB RD  
 GREEN COVE SPRINGS FL 32043



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

4. Date Incorporated or Qualified To Do Business in Florida

09/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
C/P	Donald C Herden Jr	532 Branscomb Rd	Green Cove Springs, Fl. 32043
V	Richard A Hause	24807 Blazing Trail Way	LAND LAKES, FL. 34639
S/T	Donna M. Hause	24807 Blazing Trail Way	LAND LAKES, FL. 34639

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 03/26/03--01004--021 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERDEN, DONALD C  
 532 BRANSCOMB RD  
 GREEN COVE SPRINGS FL 32043

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Donald C Herden Jr*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date

3-21-03

11. 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:

*Donald C Herden Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-03

Daytime Phone #

904-403-3737

CP2E040 (8/02)