

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105995

1. Corporation Name

Equity Marketing Associates, Inc.

2. Principal Office Address

1521 NE Maureen Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

59 Dorchester Circle

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Palm Beach Gardens, FL

Zip

34597

Country

USA

Zip

33418

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-1-01

5. FEI Number

02-0607462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Diane L. Church

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

59 Dorchester Circle

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

400023863534

10/16/03 01085 023 \*\*150 00

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

Diane L. Church

Date 10-2-03

REGISTERED AGENT MUST SIGN

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	Thomas C. Church	59 Dorchester Cir.	Palm Beach Gardens, FL 33418

REINSTATEMENT 03

TS

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:

Thomas C. Church

Date

10-2-03

Daytime Phone #

561-512-4686

CR2E081 (10/02)

*Payer*

November 12, 2003

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

Re: Equity Marketing Associates, Inc.

To Whom it May Concern:

After filing an application for Corporation Reinstatement, I recently received your letter dated 10/20/03 concerning the waiver of the reinstatement fee and the need to put this in writing.

This letter is to confirm that I never received a first or second notice for the year 2003, as it went to an incorrect address. Therefore, I would greatly appreciate if you would please waive this fee.

If you have any questions or if you need additional information, please let me know.

Sincerely,

*Diane L Church*

Diane L. Church

59 Dorchester Circle  
Palm Beach Gardens, FL 33418  
(561) 622-2161

Encl: