1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
(H 00000042620)
MAR 30 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000055577

Corporation Name

MARKETING CONSULTANT SERVICES, INC.

Principal Place of Business / Mailing Address

255 PARADISE BLVD #46
INDIALANTIC, FL 32903

REINSTATEMENT 98-00

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

2. New Principal Office Address, if Applicable
5850 Lake Hurst Dr. Suite 250

Suite, Apt. #, etc.
suite 250

City & State
ORLANDO, FL 32819

Zip: 32819 Country: US

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/1/1996

5. FEI Number [X] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	MARLENE M. ESGUERRA	5850 Lake Hurst Dr Suite 250	orlando FL. 32819
VICE	MARLENE M. ESGUERRA	5850 LAKEHURST DR. SUITE 250	ORLANDO. FL. 32819
Secret	OVIDIO ESGUERRA	5850 LAKEHURST DR Suite 250	ORLANDO FL 32819
Treas.	OVIDIO ESGUERRA	5850 LAKEHURST DR Suite 250	orlando FL 32819

3/30

8. Name and Address of Current Registered Agent

BISHOP, DAVID A.
255 PARADISE BLVD.#46
INDIALANTIC, FL 32903

9. Name and Address of New Registered Agent

Name: OVIDIO ESGUERRA
Street Address (P.O. Box Number is Not Acceptable): 5850 LAKEHURST DR
Suite, Apt. #, Etc.: suite 250
City: ORLANDO State: FL Zip Code: 32819

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X]

(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.

(H00000042620)

SIGNATURE: _____ 03/30/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations

Attachment
P96000055577
2 of 2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : INTERLINK TRADE & COMMERCE., CORP.
Account Number : I19990000277
Phone : (800)986-3620
Fax Number : (800)988-0199

CORPORATION REINSTATEMENT

MARKETING CONSULTANT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00