

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003405

1. Entity Name
SPAR MARKETING SERVICES, INC.



Principal Place of Business
7711 MILITARY TRAIL NORTH
STE 1000
PALM BEACH GARDENS, FL 33410

Mailing Address
7711 MILITARY TRAIL NORTH
STE 1000
PALM BEACH GARDENS, FL 33410

FILED
06 JAN -3 PM 3:56
TALLAHASSEE, FLORIDA



10132005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-3257868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara A Burke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME BROWN, ROBERT G
STREET ADDRESS 108 D PALM POINT CIR 123 Sunset Cove
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600060897046
CITY-ST-ZIP 10/24/05--01055--009 **750.00

TITLE VSTD ☐ Delete
NAME BARTELS, WILLIAM H
STREET ADDRESS 580 WHITE PLAINS ROAD
CITY-ST-ZIP TARRYTOWN, FL 10591

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T. Roberts JAN 03 2006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Brown DIRECTOR 11/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #