## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000004947

Address:

City-St-Zip:

1290 HERITAGE DR

ELVERSON, PA 19520

Entity Name: DDECEDT MADKETING CDC

FILED Oct 26, 2007 Secretary of State

Entity Na	me: PRECEI	PT MARKETING GROUF	P, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
	ITAGE DR N, PA 19520				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ITAGE DR N, PA 19520				
FEI Number	: 47-0854375	FEI Number Applied For	( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Ag	ent: Name and Address	Name and Address of New Registered Agent:	
The above	OŘ LOOP D, FL 33810	US submits this statement f	or the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: MATT T				
Election Car	ce with s. 607.1	ng Trust Fund Contribution (	on did not receive the prior notice. ( ).	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( THOMPSON, I 1290 HERITA ELVERSON, F	GE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( SANDERS, DI 1290 HERITA ELVERSON, F	GE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S ( CONE. EDWA	) Delete RD	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATT THOMPSON D 10/26/2007