

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 NOV 30 PM 11:22

DOCUMENT # F09000001757

1. Corporation Name

Marketing General, Inc.

2. Principal Office Address - No P.O. Box #

1725 Roe Crest Drive

Suite, Apt. #, etc.

City & State

North Mankato, MN

Zip

56003

Country

USA

3. Mailing Office Address

1725 Roe Crest Drive

Suite, Apt. #, etc.

City & State

North Mankato, MN

Zip

56003

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/2009

5. FEI Number

41-1900722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

REINSTATEMENT

2013-2018

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

James M. Halpin  
Assistant Secretary

Date 11/7/2018

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
D	Glen A. Taylor	1725 Roe Crest Drive	North Mankato, MN 56003
D	Debra L. Taylor	1725 Roe Crest Drive	North Mankato, MN 56003
D	Larry D. Taylor	1725 Roe Crest Drive	North Mankato, MN 56003
P	Richard P. Whelan	1725 Roe Crest Drive	North Mankato, MN 56003
S	Suzanne M. Spellacy	1725 Roe Crest Drive	North Mankato, MN 56003
T	Robert R. Makela	1725 Roe Crest Drive	North Mankato, MN 56003

10. E-mail Address: stnelson@taylorcorp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/2018

507-625-2828

Daytime Phone #