PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -4 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F89165

1. Corporation Name
Scott McWilliams Marketing Services, Inc.

2003-05

2. Principal Office Address	**3.** Mailing Office Address
3434 Kennedy Drive	3434 Kennedy Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34292 / Country: United States	Zip: 34292 / Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: July 1, 1982

5. FEI Number: 592199920 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Scott McWilliams

Street Address (P.O. Box Number is Not Acceptable): 3434 Kennedy Drive

Suite, Apt. #, Etc.:

City: Venice | State: FL | Zip Code: 34292

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08/22/05--01059--006 **450.00

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: Scott McWilliams
REGISTERED AGENT MUST SIGN

Date: August 1, 2005

CR2E081 (01/05)

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
Preside	Scott McWilliams	3434 Kennedy Drive	Venice, FL 34292

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)(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.

SIGNATURE: Scott McWilliams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT MCWILLIAMS

August 1, 2005
Date

941-412-3618
Daytime Phone #