

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 MAY -7 AM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000224**

1. Corporation Name

NATIONAL DIRECT PRODUCT MARKETING, INC.

REINSTATEMENT 97-03

2. Principal Office Address

12240 S.W. 53RD STREET

Suite, Apt. #, etc.

SUITE #506

City & State

COOPER CITY, FL

Zip

33330

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/1996

5. FEI Number

04-3190742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300018572493

05/08/03--01071--016 **1650.00

7. Name and Address of Current Registered Agent

Name

DANIEL GREGORY

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

12951 N.W. 23RD STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

Daniel Gregory
REGISTERED AGENT MUST SIGN

Date

5/5/03

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
PRES.	TODD F. GRAHAM	544 W. PALM AVE DRIVE	POUND BACH, FL 33069
V.P.	CHRIS MCWADE	3 BERKSHIRE DRIVE	FRANKLIN, MA 02038
SEC.	DANIEL CONNELLY	10 MICHELLE ROAD	PEABODY, MA 01960

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:

Todd F. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/03

Daytime Phone #

CR2E081 (10/02)