

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000004209

1. Corporation Name

PROMOTION MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

14163 U.S. HIGHWAY ONE  
JUNO BEACH FL 33408

14163 U.S. HIGHWAY ONE  
JUNO BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable  
53 Robinson Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orange, CT

Zip

Country

Zip

Country

06477

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1999

5. FEI Number

06-1315661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PINCHEON, BRUCE A	14163 U.S. HIGHWAY ONE	JUNO BEACH FL 33408
SD	PINCHEON, MARYANN	14163 U.S. HIGHWAY ONE	JUNO BEACH FL 33408
✓	Christopher Motasty	14163 US Highway One	Juno Beach, FL 33408

700003524027--7  
-01/04/01--01103--016  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOWICKI, MARK J ESQ.  
14155 U.S. HIGHWAY ONE, SUITE 302  
JUNO BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/20/00

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Pincheon

12/18/00

Date

205-990333

Daytime Phone #

KE

REINSTATEMENT

80

FILED

00 DEC 26 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

