

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F99000004209

1. Corporation Name

PROMOTION MARKETING SYSTEMS, INC.

Principal Place of Business

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	4. Date Incorporated or Qualified To Do Business in Florida 08/16/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 06-1315661
City & State	City & State Orange, CT	Applied For Not Applicable
Zip	Zip 06477	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
			7000003524027-7 -01/04/01-01103-016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

2018/00 20-79-0333

Daytime Phone #

KE

CR2E040 (8/00)