


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H02001

1. Corporation Name

NATIONAL MARKETING CONCEPTS, INC.

Principal Place of Business

4340 S. PADRE ISLAND DR.
CORPUS CHRISTI TX 78411

Mailing Address

P.O. BOX 81227
CORPUS CHRISTI TX 78468

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1984

5. FEI Number

59-2696763

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVP	GREEN, CARTER K.	4509 GRAND LAKE	CORPUS CHRISTI TX
STD	GREEN, DIANE U.	4509 GRAND LAKE	CORPUS CHRISTI TX

LS

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***900.00 ***900.00

8. Name and Address of Current Registered Agent

BROIDA, JOEL D. ESQ.
605 75TH AVENUE
ST. PETERSBURG BEACH FL 33706

9. Name and Address of New Registered Agent

Name L. JOHN GUERIN, JR
Street Address (P.O. Box Number is Not Acceptable)
1042 MAIN ST
Suite, Apt. #, Etc. SUITE # 204
City DUNEDIN State FL Zip Code 34698

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


REGISTERED AGENT MUST SIGN

Date 7-23-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Carter K. Green

7/26/99 361-851-1145
Date Daytime Phone #