

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -5 PH 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31516

1. Corporation Name

MANAGEMENT AND MARKETING SYNERGY, INC.



Principal Place of Business

Mailing Address

3686 NORTH ROSCOE ROAD
HERNANDO FL 34442
US

3686 NORTH ROSCOE ROAD
HERNANDO FL 34442
US

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

11/21/1984

5. FEI Number

50-2468868

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	WATSON, FRANKLIN	3794 PATCH DRIVE	TALLAHASSEE FL 32308
VD	BRINKER, CLAYTON E	4624 SOUTH FLA. AVE 16675 S.W. 70TH AVE Box 55	6601A FL 33470 INVERNESS, FL 34450
S	WATSON, NANCY H	3794 PATCH DR	TALLAHASSEE FL 32308
			500002003745--8
			-11/13/96--01185--015
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSON, FRANKLIN
3794 PATCH DRIVE
TALLAHASSEE FL 32308

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

Franklin Watson REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/4/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Franklin Watson REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/96

904-942-4900

Date

Daytime Phone

CR23040 (7/96)