

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 20 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59859**

1. Corporation Name

Action Merchandising Services, Inc.
13018 N. Dale Mabry Highway
Tampa, FL 33618

800005254918--7
-04/11/02--01071--018
*****900.00 *****900.00

2. Principal Office Address 13018 N. Dale Mabry Hwy. Suite, Apt. #, etc.		3. Mailing Office Address 13018 N. Dale Mabry Hwy. Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33618	Country USA	Zip 33618	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/3/85	
5. FEI Number 59-2485543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Marilyn McPhail	
Street Address (P.O. Box Number is Not Acceptable) 17812 St. Lucia Isles Drive	
Suite, Apt. #, Etc.	
City Tampa	State FL
	Zip Code 33647

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: *Marilyn McPhail* Date: 3-15-02
REGISTERED AGENT MUST SIGN

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
CEO	Marilyn McPhail	17812 St. Lucia Isles Dr.	Tampa, FL 33647

REINSTATEMENT 0102178

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: *Marilyn McPhail* Date: 3-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (8/01)