PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

2001 JUL 2

194

FILED
01 NOV -5 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J54040

1. Corporation Name

PROFESSIONAL MARKETING ADMINISTRATIVE CONSULTANT S, INC.

Principal Place of Business	Mailing Address
15613 FISHER ISLAND DR FISHER ISLAND FL 33109	15613 FISHER ISLAND DR FISHER ISLAND FL 33109

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: 01/28/1987

5. FEI Number: 59-2801745 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	O'GRADY, DANIEL	1562-13 FISHER ISLAND DR	MAIMI FL
VT	O'GRADY, MONETTE KLEIN	15612-13 FISHER ISLAND DR	MIAMI FL
VT	O'GRADY MONETTE KLEIN	15612-13 FISHER ISLAND DR	MIAMI FL

800004698348--4
11/29/01--01050--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
O'GRADY, MONETTE KLEIN 1562-13 FISHER ISLAND DR MIAMI FL 33109	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

SP

CR2E040 (8/01)

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: Monette Allen — Date: 10/19/01

REGISTERED AGENT MUST SIGN

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: Monette Allen — 10/19/01 — 305-538-7X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094572 AT

Quciken payment Professiona Mkt

294

PMA CONSULTING
10/15/2001

Date	Num	Transaction	Payment	C	Deposit	Balance
2/9/2001	1001	DEPARTMENT OF State cat: BUS LICENSES memo: ANNUAL FILING	150.00			1,160.85

3 of 4

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54040

1. Entity Name
PROFESSIONAL MARKETING ADMINISTRATIVE CONSULTANT

Original Filing Copy

Principal Place of Business	Mailing Address
P.O. BOX 4637 DEERFIELD BEACH FL 33442-4637	P.O. BOX 4637 DEERFIELD BEACH FL 33442-4637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2801745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'GRADY, MONETTE KLEIN ~~15612-13 FISHER ISLAND DR~~ 15613 Fisher Island Dr MIAMI FL 33109	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (Required when changing registered agent)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'GRADY, DANIEL ~~15612-13 FISHER ISLAND DR~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	15613 Fisher Island Dr	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT O'GRADY, MONETTE KLEIN ~~15612-13 FISHER ISLAND DR~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	15613 Fisher Island Dr	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT O'GRADY MONETTE KLEIN ~~15612-13 FISHER ISLAND DR~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	15613 Fisher Island Dr	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E023(4/10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/10/01 (305) 538-3971
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

mailed 4/18/01

484

GIBRALTAR BANK, FSB
200 SOUTH BISCAYNE BLVD.
MIAMI, FLORIDA 33131

1001

63-9045/2670
03

PMA, INC.
P.O. BOX 4637
DEERFIELD BEACH, FL 33442-4636

4-1-01

PAY TO THE ORDER OF Department of State $ 150 00

One hundred fifty 00/100 DOLLARS

Private Banking

MEMO

⑈001001⑈ ⑆267090455⑆ 0030050044⑈