

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RG.1a/3

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JUL 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K07306

1. Corporation Name

PHILIPS MARKETING SERVICES, INC.

2. Principal Office Address

64 Perimeter Center East

3. Mailing Office Address

1251 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Paul S. Friedlander

City & State

Atlanta, Georgia

City & State

New York, NY

Zip

31146

Country

USA

Zip

10020-1104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1987

5. FEI Number

13-3462816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT 9100

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

Laura R. O'Neil

REGISTERED AGENT MUST SIGN

Date

7-10-00

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
	SEE ATTACHMENT		

400003319094-9

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:

Warren I. Oates, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Warren I. Oates, Jr.

07/05/2000 212 536-0620

Date

Daytime Phone #

CR2E081 (9/99)

TG.2003

Directors, Officers Report

Philips Marketing Services, Inc.

Jul 5, 2000

DIRECTORS

Kenneth E. Goins **Director**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Thomas M. Hafner **Director**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Gary T. Pearson **Director**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

OFFICERS

Kenneth E. Goins **President**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Paul S. Friedlander **Vice President**
Primary Address: 1251 Avenue of the Americas
New York, NY 10020-1104 USA

Thomas M. Hafner **Vice President**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Gary T. Pearson **Vice President**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Treasurer
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Thomas M. Hafner **Secretary**
Primary Address: 64 Perimeter Center East
Atlanta, GA 30346 USA

Belinda W. Chew **Assistant Secretary**
Primary Address: 1251 Avenue of the Americas
New York, NY 10020-1104 USA

Warren T. Oates, Jr. **Assistant Secretary**
Primary Address: 1251 Avenue of the Americas
New York, NY 10020-1104 USA

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ACCOUNT NO. : 072100000032

REFERENCE : 742666 7136747

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 908.75

ORDER DATE : June 23, 2000

ORDER TIME : 3:59 PM

ORDER NO. : 742666-005

CUSTOMER NO: 7136747

CUSTOMER: Joan Taylor, Legal Asst
Philips Electronics North
1251 Avenue Of The Americas

New York, NY 10020

DOMESTIC FILINGS

NAME: PHILIPS MARKETING SERVICES
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
00 JUL 10 PM 4:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA