

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024026

Name and Mailing Address

0004674 01 AT 0.292 \*\*AUTO T9 0 0615 33019-272199



EMPIRE MARKETING SOLUTIONS LLC  
2751 S. OCEAN DRIVE  
1604 N  
HOLLYWOOD FL 33019-2721



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
Principal Place of Business 2751 S. OCEAN DRIVE 1604 N HOLLYWOOD FL 33019 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 591913063	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SCOTT, DEBRA 2751 S. OCEAN DRIVE 1604 N HOLLYWOOD FL 33019	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700025813157 01/26/04--01031--004 **50.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Debra Scott* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/26/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Debra Scott	2751 S. OCEAN DR. 1604 N	HOLLYWOOD, FLA. 33019 700025813157 01/26/04--01031--004 **50.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Debra Scott* SIGNATURE REQUIRED

Date 12/26/03

Daytime Phone # 954-921-6481

Typed or printed name of signing Managing Member/Manager