

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUL -7 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400183010084
07/07/10--01023--003 **\$16.25

CR2E041 (05/10)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000078620

1. Limited Liability Company's Name

Product Placement and Promotions, LLC

2. Principal Office Address - No P.O. Box #

12877 Meadowbreeze Drive

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

12877 Meadowbreeze Drive

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/31/2007

6. FEI Number

26-0622507

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Marlo Gold

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

12877 Meadowbreeze Drive

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

9. 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

Marlo Gold

REGISTERED AGENT MUST SIGN

Date

6/29/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Marlo Gold	12877 Meadowbreeze Drive	Wellington, FL 33414

REINSTATEMENT

08-10-10

11. E-mail Address:

mgold@productpp.com

(To be used for future annual report notifications)

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

Marlo Gold

Date

6/29/10

Daytime Phone #

561-602-8683

Typed or printed name of signing Managing Member/Manager

Marlo Gold