

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Kathleen Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07976

1. Corporation Name

THE ADVANCED MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

750 94TH AVENUE N.  
#210  
ST. PETERSBURG FL 33702  
US

750 94TH AVENUE N.  
#210  
ST. PETERSBURG FL 33702  
US

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

08/08/1989

5. FEI Number

59-2964770

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HARKEY, ELIZABETH S	750 94TH AVENUE N., SUITE 210	ST. PETERSBURG FL

600004679416--4  
-11/14/01--01090--011  
\*\*\*150.00 \*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

HARKEY, ELIZABETH S  
750 94TH AVENUE N.  
SUITE 210  
ST. PETERSBURG FL 33702

FL

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

*Elizabeth S. Harkey*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

*Elizabeth S. Harkey*  
ELIZABETH HARKEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

8009876793



202

from the desk of Elizabeth Harkey

To whom it may concern,  
Please reinstate my corporation  
as I never received any notices  
for sending in the filing fee.  
The notices go to my accountants  
office and I can only assume that  
there was an oversight in forwarding  
them to me.

Enclosed is my check for \$150.00

Thank you,  
E Harkey