

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50433

1. Corporation Name

CEL MARKETING, INC.

Principal Place of Business

23123 STATE RD 7
350-B
BOCA RATON FL 33428
US

Mailing Address

20933 BOCA RIDGE DR N
2801 EVANS ST
BOCA RATON FL 33428
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20283 S.R. 7
Suite, Apt. #, etc.
300

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33498

Country

P.B.C.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1990

5. FEI Number

65-0177707

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	TESSLER, CHARLES G.	20933 BOCA RIDGE DR WEST	BOCA RATON FL

800008974648
11/13/02--01017--012 **750.00

8. Name and Address of Current Registered Agent

FARBER, ANDREW E ESQ
23123 S.R. 7
SUITE 350-B
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

Andrew Farber Esq

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

20283 State Rd 7

Suite, Apt. #, Etc.

300

City

Boca Raton

State

FL

Zip Code

33498

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)