

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000018776

1. Corporation Name

REFERRAL MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

234 GRIFFIN DR.
CASSELBERRY FL 32707
1155 LOUISIANA AVE #100
WINTER PARK 32789

234 GRIFFIN DR.
CASSELBERRY FL 32707
1155 LOUISIANA AVE #100
WINTER PARK, FL 32789

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

1155 LOUISIANA AVE

1155 LOUISIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

WINTER PARK FL

WINTER PARK FL

Zip

Country

Zip

Country

32789

USA

32789

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

Applied For

59-3654551

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
D	PECK, CHARLENE G CHARLENE GRAEBER	234 GRIFFIN DR. 3711 PLUMOSA TERRACE	CASSELBERRY FL 32707 BRADENTON, FL 34210

300053938373
05/06/05--01009--024 **1350.00

JRW/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PECK, CHARLENE G
234 GRIFFIN DR.
CASSELBERRY FL 32707

CHARLENE GRAEBER PECK

Name

D. CHARLENE GRAEBER

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

1155 LOUISIANA AVE STE 100

Suite, Apt. #, Etc.

SUITE 100

City

WINTER PARK

State

FL

Zip Code

32789

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.

D. CHARLENE GRAEBER

Signature of
Registered Agent

D. Charlene Graeber

REGISTERED AGENT MUST SIGN

Date

4-12-05

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.

D. CHARLENE GRAEBER

SIGNATURE:

D. Charlene Graeber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-05

Daytime Phone #

800-331-7056

FILED
05 APR 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 APR 18 AM
SECRETARY OF STATE
TALLAHASSEE, FL



REINSTATEMENT 01-05

CR2040 (801)