

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000039360

1. Corporation Name

3G MARKETING, INC.

Principal Place of Business

67 BAYWOODS DRIVE
SAFETY HARBOR FL 34695
US

Mailing Address

67 BAYWOODS DRIVE
SAFETY HARBOR FL 34695
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

02 NOV -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008865506
11/07/02--01046--009 **750.00



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

59-3641159

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)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D/P

SULLIVAN, VIRGINIA J

67 BAYWOODS DRIVE

SAFETY HARBOR FL 34695

D/V

HALL, SCOTT

240 GEORGIA AVE.

CRYSTAL BEACH FL 34681

D/S/T

HALL, TRACY

240 GEORGIA AVE.

CRYSTAL BEACH FL 34681

8. Name and Address of Current Registered Agent

MARTIN, JOHN P ESQ
401 S. LINCOLN AVE.
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

RICHARD J. NEEFE

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

6104 PALMA DEL MAR BLVD SO.

Suite, Apt. #, Etc.

APT 301

City

ST. PETERSBURG

State

FL

Zip Code

33715

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 11-04-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(737) 469-8940
11-04-02

CR2E040 (8/02)