

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

APPLICATION
FOR



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

DOCUMENT # P00000102837

1. Corporation Name

FAV MARKETING, INC.

Principal Place of Business

12116 NW 9TH PLACE
CORAL SPRINGS FL 33071

Mailing Address

12116 NW 9TH PLACE
CORAL SPRINGS FL 33071

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2000

5. FEI Number

65-1052312

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
D	HAMILTON, ROY D	12116 NW 9TH PLACE	CORAL SPRINGS FL 33071
			200004765682--0 -01/10/02--01084--016 ****150.00 ****150.00
			01 YBR
			TS

8. Name and Address of Current Registered Agent

HAMILTON, ROY D
12116 NW 9TH PLACE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-20-01

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:

[Signature] Roy Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-01

Date

954-270-2243

Daytime Phone #

CR2E040 (8/01)

Reprint

FAV MARKETING, INC.

12116 NW 9TH PLACE, CORAL SPRINGS, FL 33071

PHONE (954) 270-2243 FAX (954) 753-6669

December 20, 2001

**Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327**

To Whom it May Concern,

Please be advised that no documents for corporation renewal were received by my company prior to the most recently received "Certificate of Administrative Dissolution or Revocation." Therefore, I am submitting this declaration along with the annual re-filing fees of \$150.

Thank you for your assistance in this matter.

Sincerely,


**Roy Hamilton
Director
FAV Marketing, Inc.**