

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106376

1. Corporation Name

P. Squared Marketing, Inc.

2. Principal Office Address

18545 SW 293 Terrace

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

3. Mailing Office Address

18545 SW 293 Terrace

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

REINSTATEMENT 03-04

500034384915

04/28/04--01020--016 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/2000

5. FEI Number

651055451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAAS, John P. Esp.

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

44 NE 16 Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

3 3030

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michael A. Porter	18545 SW 293 Terrace	Homestead, Florida 33030
D	Patricia J. Porter	18545 SW 293 Terrace	Homestead, Florida 33030

10. 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:

Patricia J. Porter Patricia J. Porter

4/21/04 305-246-0225

Date

Daytime Phone #

CR2E081 (01/04)

April 21, 2004

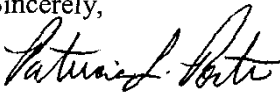
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement
P. Squared Marketing, Inc.
Document#P000000106376
FEI #65-1055451

To Whom It May Concern:

I am writing this letter to notify the Department of State that the above named corporation did not receive any notification of filing its Annual Report for the year of 2003. The notification must have been sent to our old address which is still the principal and mailing address the Department of State has for it's records. We moved July 4, 2002 to the following address of 18545 SW 293 Terrace Homestead, Florida 33030. We were given a copy of the postcard that the Department of State sends out by a friend's corporation and tried to file before the deadline of May 1, 2004 but could not proceed online due to our in-active status. After calling the Annual Reports Department I then downloaded the attached form and prepared my check for \$300.00. Hopefully this is all that is needed to rectify this matter. I can be contacted at 305-246-0225 should anything else be needed. Thanking you in advance for your assistance.

Sincerely,



Patricia J. Porter
Vice President
P. Squared Marketing, Inc.