

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000009810*

1. Corporation Name

MARKETING RESEARCH ASSOCIATION

Inc

2. Principal Office Address - No P.O. Box #

2595 NW 95th Ave

Suite, Apt. #, etc.

100

City & State

CORAL SPRINGS, FL

Zip

33065

3. Mailing Office Address

S A M E

Suite, Apt. #, etc.

City & State

7. Name and Address of Current Registered Agent

Name

SPEEGL Y UTRERA . P. A.

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

343 ALMERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date *6/6/07*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>MATTHEW ORVIL</i>	<i>2595 NW 95th Ave #100</i>	<i>CORAL SPRINGS, FL 33065</i>

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 contained in Chapter 119, 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: *Matthew Orvil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/07 (954)796-5945

Date

Daytime Phone #

FILED
07 JUN 21 PM 4:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000104671730
06/21/07-01045-006 *\$600.00
REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number *65-1088538* Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.