

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026001

1. Corporation Name

MARKETING SOLUTIONS OF PALM BEACH, INC.

Principal Place of Business

7685 140TH AVENUE NORTH  
WEST PALM BEACH FL 33412

Mailing Address

7685 140TH AVENUE NORTH  
WEST PALM BEACH FL 33412

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

03/12/2001

5. FEI Number

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
PD	KINNEE, SUZANNE <i>Crowley, Kinnee, Suzanne</i>	7685 140TH AVENUE NORTH	WEST PALM BEACH FL 33412
VD	CROWLEY, BRIAN P	7685 140TH AVENUE NORTH	WEST PALM BEACH FL 33412

700008805947  
11/05/02 81053 884 \*\*150.00

8. Name and Address of Current Registered Agent

KINNEE, SUZANNE  
7685 140TH AVENUE NORTH  
WEST PALM BEACH FL 33412

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Suzanne Kinnee Crowley*  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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)(f), 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 #

561-383  
-7250  
10/23/02

CR2E040 (8/02)

**MARKETING  
SOLUTIONS OF  
PALM BEACH**

# Memo

**To:** Florida Dept. of State  
**From:** SUZANNE KINNEE CROWLEY  
**CC:** ACCOUNTANT  
**Date:** 10/25/2002  
**Re:** CORPORATE STATUS

---

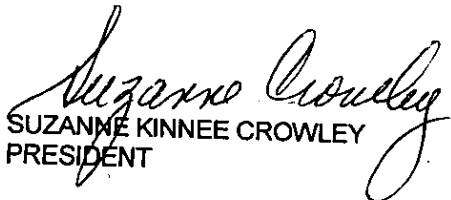
APPLICATION FOR REINSTATEMENT AND WAIVER OF FEES.

AS OF MARCH 2002 THE COMPANY HAS BEEN RE-DEFINED IN DIRECTION AND SCOPE WITH THE ADDITIONAL MERGER OF PARTNERS AS HUSBAND AND WIFE THROUGH MARRIAGE IN JUNE 2002.

DURING THIS TIME TILL AUGUST 2002 THE CORP. BUSINESS MAIL WAS HELD BY THE USPS AND PICKED-UP IN BUCKETS DURING THE COURSE OF TIME AWAY (ABROAD OUTSIDE US) WE DID NOT RECEIVE OUR RENEWAL NOTICE IN A TIMELY FASHION.

WE REQUEST THAT YOU CONSIDER A WAIVER AS OUR INTENTION IS TO PURSUE THIS BUSINESS VENTURE WITH THE ADDITION OF ACCOUNTANTS AND FINANCIAL ADVISERS HELPING IN THE SET-UP AND CONTINUANCE OF THE CO.

RESPECTFULLY SUBMITTED,

  
SUZANNE KINNEE CROWLEY  
PRESIDENT

7685 140<sup>TH</sup> AVENUE NORTH, WEST PALM BEACH FL 33412. 561.798-4890 FAX 561.798.4484

[mspbinc@mindspring.com](mailto:mspbinc@mindspring.com)