

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -8 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026809

1. Corporation Name

NATIONAL MARKETING ASSOCIATES, INC.

Principal Place of Business

856 BAY POINT DRIVE
MADEIRA BEACH FL 33708

Mailing Address

856 BAY POINT DRIVE
MADEIRA BEACH FL 33708

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

2. New Principal Office Address, If Applicable

14503 GULF BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14503 GULF BLVD.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2001

5. FEI Number

59-3713687

Applied For

Not Applicable

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

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	HELMS, KEN	856 BAY POINT DRIVE 14503 GULF BLVD.	MADEIRA BEACH FL 33708

8. Name and Address of Current Registered Agent

HIRTREITER, RICHARD P. ESQ
535 CENTRAL AVENUE, STE 418
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

KEN HELMS

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

14503 GULF BLVD

Suite, Apt. #, Etc.

City

MADEIRA BEACH

State

FL

Zip Code

33708

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] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-23-02

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)(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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-02

Daytime Phone #

CR2ED40 (9/02)