

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040266

1. Corporation Name

PMAG, INC.

Principal Place of Business

149 FOREST LAKES BLVD. #103
NAPLES FL 34105

Mailing Address

YOURTOWN BOOKS TWIN LIGHTS PUBLISHERS
568 9TH ST. S. #357
NAPLES FL 34102

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2001

5. FEI Number

59-3724541

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
P	MCGEE, PETER	292 14TH AVE S APT 0 149 Forest Lakes Blvd. #103	NAPLES FL 34102- 3410 34105

500008829315
11/06/02--01073--004 **150.00

8. Name and Address of Current Registered Agent

MCGEE, PETER
292 14TH AVE S APT C
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name PETER MCGEE
Street Address (P.O. Box Number is Not Acceptable)
149 Forest Lakes Blvd
Suite, Apt. #, Etc. #103
City Naples
State FL Zip Code 34105

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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 PETER MCGEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

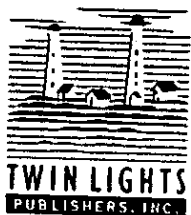
11/1/02

Date

239-633-
6934

Daytime Phone #

CR2E040 (8/02)



Ph. 239-825-1277

Ph. 239-633-6934

Fx. 239-262-0561

E-mail: ytbooks@comcast.net

Online at: www.twinlightspub.com

November 1, 2002

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

To whom it may concern,

Please find enclosed Document # PO1000040266 and a check for \$150.00 for reinstatement.

We never received the two prior notifications for Annual Report/Uniform Business Report.

Please note our new mailing address:

PMAG Inc. dba/Yourtown Books Twin Lights Publishers
568 Ninth Street South
Suite 357
Naples, FL 34102

Registered Agent Address Change:
Peter J. McGee
149 Forest Lakes Blvd. #103
Naples, FL 34105

Sincerely,

Peter J. McGee
President

568 Ninth Street South, Suite 357. Naples, Florida 34102