

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000041689

1. Entity Name
ON-SITE MARKETING & PROMOTIONS INC.



FILED

04 NOV 16 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2500 HWY 98 WEST
MARY ESTHER, FL 32569

Mailing Address
2500 HWY 98 WEST
MARY ESTHER, FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2004

10212004 REIN-P GR2E098-0704

4. FEI Number
20-0205853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, JAN
2500 HWY 98 WEST
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jan Livingston

Nov. 05-04

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME GANATRA, MAMENDRA
STREET ADDRESS 8668 NAVARRE PKWY
CITY-ST-ZIP NAVARRE, FL 32566 ☐ Delete

TITLE D
NAME GANATRA, KAMLESH
STREET ADDRESS 8668 NAVARRE PKWY
CITY-ST-ZIP NAVARRE, FL 32566 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Ganatra, mahendra
STREET ADDRESS 218 D Miracle Strip Pkwy.
CITY-ST-ZIP Ft. Walton Bch., FL 32548 ☒ Change ☐ Addition

TITLE D
NAME Ganatra, KAMLESH
STREET ADDRESS 218 D Miracle Strip Pkwy.
CITY-ST-ZIP Ft. Walton Bch., FL 32548 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Ganatra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 05-04

Date

Daytime Phone #

Mahendra GANATRA