

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 DEC -3 PM 1:25

750.1003  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 201000095774

**1. Corporation Name**

Galt Marketing Group Inc.  
EIN 01-0589114 041612

**2. Principal Office Address**

6000 Masters Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

**3. Mailing Office Address**

1803 Park Center Dr

Suite, Apt. #, etc.

#110

City & State

Orlando FL

Zip

32835

Country

**REINSTATEMENT 02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/28/01

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ste S. Burks

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

6000 Masters Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

**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

St S Burks

Date 11/22/02

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
Pres	Stephen S. Burks	6000 Masters Blvd	Orlando FL 32819

600009315476  
12/03/02 01042 000 \*\*750.00

**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 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:

St S Burks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02  
Date

407.925 5569  
Daytime Phone #

25/12/5