

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000106347

1. Corporation Name

North Pinellas Coupon Magazine Inc

2. Principal Office Address

2260 Willow Tree Tr

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33763

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0205

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

11/02/01

5. FEI Number

59-3757350

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

Michael Tagliaferro

300048186773

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

2260 Willow Tree Tr

03/11/05 01006 010 **120.00

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

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

[Signature]

Date 2/25/05

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	Michael Tagliaferro	2260 Willow Tree Tr	Clearwater FL 33763

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:

[Signature] Michael Tagliaferro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05 227 804-4125

Date

Daytime Phone #

CR2001 (01/05)