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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000109392

1. Corporation Name

COMPASS MARKETING GROUP, INC.

000010667940

01/23/03--01034--014 **150.00

2. Principal Office Address 1350 San Remo Pt. Suite, Apt. #, etc. #102 City & State Oviedo, FL Zip 32765 Country US		3. Mailing Office Address 1350 San Remo Pt. Suite, Apt. #, etc. #102 City & State Oviedo, FL Zip 32765 Country US		4. Date Incorporated or Qualified To Do Business in Florida 11/14/01
		5. FEI Number 80-002-1595		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED ☒		\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Erik Johnson

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

1350 San Remo Pt.

Suite, Apt. #, Etc.

#102

City

Oviedo

State
FL

Zip Code

32765

B-1, 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

Date 1/21/03

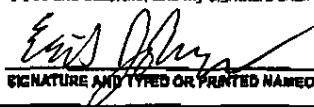
REGISTERED AGENT MUST SIGN

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Erik Johnson	1350 San Remo Pt. #102	Oviedo, FL 32765

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)(f), 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:



Erik Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

321-765-1320

Daytime Phone #

CORP 11/03/03

J 1/22