## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 08 OCT -6 PH 1: 17
DOCUMENT # PO/000/12792  1. Corporation Name		SECTE THE OF STATE TALLAHASSEE, FLORIDA
LAURA YORK PUBLIC RELATIONS,		
MARKETING & TALENT, INC.		
2. Principal Office Address - No P.O. Box #  533 S. Howard Ave 533 S. Howard Ave Suite, Apt. #, etc.		CR2E081 (10/08)
Suite, Apt. #, etc.  Suite, Apt. #, etc.  \$4.81		Date Incorporated or Qualified
City & State  City & State  The City & State	IPA FL 5	To Do Business in Florida  FEi Number  Applied For  Not Applicable
33606 USA 3360	Country 6.	
7. Name and Address of Current Registered Agent Name		,
LAURA C YORK		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)  533 S. Howard Ave		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc. # 8.36		received and requesting the reinstatement fee be waived.
City TAMPA	State FL 33606	lee be waived.
8. I, being appointed the registered agent of the above named corporate		tions of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Date 10108  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Fk	orida 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
P LAURA C. YORK	533 S. HOWARD A	WE; TAMPA, FL 33606
REINSTATEM	ENT	200136660842 10/06/0801041004 **300.00
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 contained in Chapter 119, 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.		
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