

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000014719**

1. Corporation Name
MDB Marketing, Inc.
19905 Arbor Path Place
Lutz, FL 33559

2. Principal Office Address
19905 Arbor Path Place

3. Mailing Office Address
19905 Arbor Path Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

Zip Country
33559 USA

Zip Country
33559 USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/8/2002

5. FEI Number
30-0038939

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 Bragg

Street Address (P.O. Box Number is Not Acceptable)
19905 Arbor Path Place

Suite, Apt. #, Etc.

City
Lutz

State Zip Code
FL 33559

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]
REGISTERED AGENT MUST SIGN

Date **2-7-05**

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
P	Michael Bragg	19905 Arbor Path Place	Lutz, FL 33559

500046654805
02/19/05--01049--025 ***450.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-05 813 690-1808

CR2E081 (01/05)

252

MDB MARKETING, INC.

19905 Arbor Path Place
Lutz, FL 33559
Phone (813)-690-1903

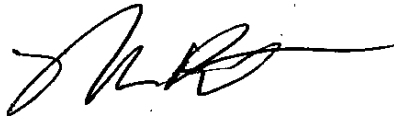
February 7, 2005

Florida Dept of State
Division of Corporations

To Whom It May Concern:

Please waive the reinstatement penalty for this corporation. Due to a change in address, we never received notification of intent to dissolve. We were unaware of the dissolution of the corporation until now. We are submitting \$450.00 with our reinstatement for the years 2003, 2004, and 2005. Thank you for your understanding in this matter. If you have any questions, please feel free to call me.

Sincerely,



Michael Bragg
President