

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024015**

1. Corporation Name

ABOVE AND BEYOND MARKETING, INC.

Principal Place of Business

Mailing Address

676 SHADOW BAY WAY
OSPNEY FL 34229

676 SHADOW BAY WAY
OSPNEY FL 34229



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

37-1422411

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GIROMPINI, JACK C	676 SHADOW BAY WAY	OSPNEY FL 34229
S.T	Girompini, Susan J.	676 shadow bay way	Ospney, FL 34229.

900023800889

10/15/03--01009--013 **158.75

10/10/17

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

Jack C. Girompini

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

676 shadow bay way

Suite, Apt. #, Etc.

City

Ospney

State

FL

Zip Code

34229

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-9-03

11. I certify that I am an officer or director of 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]

Jack C. Girompini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

941-912-1783

Daytime Phone #

CR2E040 (7/03)

Above & Beyond Marketing Inc.

October 9, 2003

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

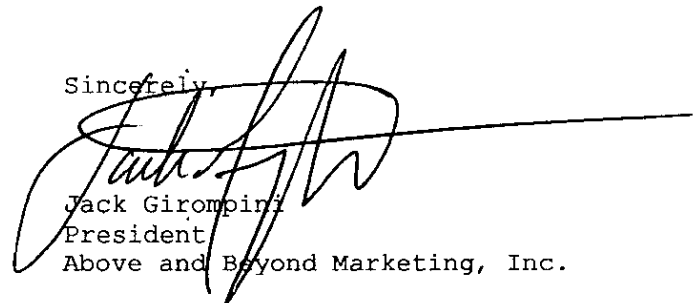
Dear Sirs,

We are writing you in respect to the recent correspondence received by you on the reinstatement of our corporation, Above and Beyond Marketing, Inc. This is our first notification received from you and we did not receive the original request for Uniform Business Report. Our address of record is P.O. Box 751, Osprey Florida, and no previous correspondence was received.

It is our intention to continue our Corporate Status with the State of Florida, and hereby request that you waive the penalty fee for reinstatement. Enclosed is the completed application and check made payable to Department of State, Divisions of Corporations in the amount of \$158.75, the current application fee + certificate fee.

We greatly appreciate your consideration in this matter.

Sincerely,



Jack Girompini
President
Above and Beyond Marketing, Inc.

enclosure

**P.O. Box 751
Osprey, Florida 34229
800-499-9505**