

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 02000058617

1. Corporation Name

SEQUENTIAL MARKETING GROUP, INC

53 N PALERMO AVE
SAME

02000058617

900039738999
07/30/04--01067--007 **300.00

REINSTATEMENT 03-04

2. Principal Office Address
53 N PALERMO AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32825

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/28/2004

5. FEI Number
03-0440059

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
HUMBERTO COLLAZO

Street Address (P.O. Box Number is Not Acceptable)
53 N PALERMO AVE

Suite, Apt., #, Etc.

City
ORLANDO

State
FL

Zip Code
32825

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 06/22/04

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	RICARDO RAMON	53 N PALERMO AVE	ORLANDO, FL 32825
VP	HUMBERTO COLLAZO	53 N PALERMO AVE	ORLANDO, FL 32825

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:

Ricardo A. Ramon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/22/2004

Date

(407)383-6851

Daytime Phone #

CR2E081 (01/04)