

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000075770**

1. Corporation Name

E-PLUS MARKETING CORP

Principal Place of Business

12703 HEADWATER CIRCLE
WELLINGTON FL 33414

Mailing Address

12703 HEADWATER CIRCLE
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2002

5. FEI Number

45-0482661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

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
D	KATZ, LLOYD	12703 HEADWATER CIRCLE	WELLINGTON FL 33414

800024508668

11/07/03--01050--013 **150.00

8. Name and Address of Current Registered Agent

KATZ, LLOYD
12703 HEADWATER CIRCLE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lloyd Katz

REGISTERED AGENT MUST SIGN

Date

11/4/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03 561-784-1170

CR2E040 (7/03)

E-PLUS MARKETING CORP
12703 HEADWATER CIRCLE
WELLINGTON, FL 33414

October 24, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

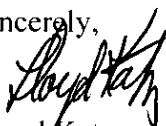
RE: Application For Reinstatement
P02000075770

Dear Sir/Madam:

We are submitting with this letter an Application For Reinstatement, and requesting a waiver of the reinstatement fee due to the corporation never receiving the prior UBR notices.

We are also enclosing the required fees in the amount of \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read "Lloyd Katz", is written over the printed name.

Lloyd Katz
President