

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2 000076172**

1. Corporation Name

Flex Marketing & Promotions, Inc.

2. Principal Office Address

2033 S.W. 173 Ave.

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 12, 2002

5. FEI Number

61-1420955

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

Corporate Creations Network Inc.

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

941 Fourth Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

300049906173

04/05/05--01055--008 **458.75

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

REGISTERED AGENT MUST SIGN

Date

March 18, 2005

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	Alex S. Chisholm	2033 S.W. 173 Ave.	Miramar, FL 33029

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2005

Date

Daytime Phone #

CR2E081 (01/05)

Flex Marketing and Promotions, Inc.

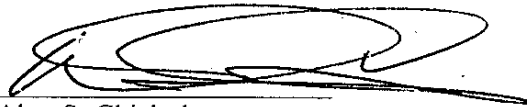
2033 S.W. 173Ave.
Miramar, FL 33139
Telephone (954)274-9899

March 17, 2005

To Florida Department of State,

A notification was not sent to Flex Marketing & Promotions, Inc. to file their annual report. Due to this they have become inactive. Enclosed is the reinstatement form as well as the amounts due for the annual reports for 3 years. If there are any questions please feel free to contact me at 954-274-9899.

Thank you,

A handwritten signature in black ink, appearing to read 'Alex S. Chisholm', written over a horizontal line.

Alex S. Chisholm