

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 23 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000094496**

1. Corporation Name

**EQUITY MARKETING CORP.**

Principal Place of Business

801 WEST SR 436  
SUITE 2021  
ALTAMONTE SPRINGS FL 32714

Mailing Address

801 WEST SR 436  
SUITE 2021  
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

**801 WEST SR 436**

Suite, Apt. #, etc.

**STE 2101**

City & State  
**ALTAMONTE SPRINGS, FL.**

Zip  
**32714**

Country  
**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**SAME**

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/30/2002**

5. FEI Number

**73-1657175**

Applied For

Not Applicable

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
<b>D/PH</b>	<b>WINDSOR, EDWARD L</b>	<b>801 WEST SR 436 #2021</b>	<b>ALTAMONTE SPRINGS FL 32714</b>
<b>D/VP</b>	<b>WEDICK, JESSE J</b>	<b>801 WEST SR 436 #2021</b>	<b>ALTAMONTE SPRINGS FL 32714</b>
<b>D/S</b>	<b>PERDOMO, ALLAN P</b>	<b>801 WEST SR 436 #2021</b>	<b>ALTAMONTE SPRINGS FL 32714</b>

REINSTATEMENT

8. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name  
**PROFESSIONAL ACCOUNTANTS & CONS. INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1157 WEST S.R. 436 STE 105**  
Suite, Apt. #, Etc.  
City  
**ALTAMONTE SPRINGS** State  
**FL** Zip Code  
**32714**

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

**DANIEL ALVAREZ**

REGISTERED AGENT MUST SIGN

Date

**10/9/03**

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

**Edward L Windsor**

Date

**10/9/03 407-681-3256**

Daytime Phone #

2 of 2

**PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.**

1157 West State Road 436  
Suite 105  
Altamonte Springs, Florida 32714

Phone (407) 677-1194

Fax (407) 682-7705

October 9, 2003

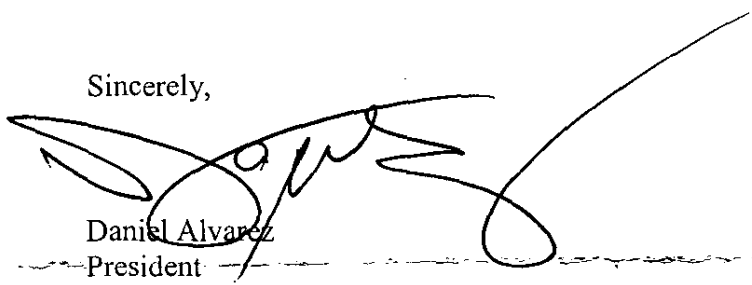
To Whom It May Concern:

Please be advised that my client Equity Marketing Corporation never received the Uniform Business Report (UBR) for 2003, as of right now the corporation will change for the registered agent.

I would like to reinstate and for you to please waive the penalty fee of \$ 600.00, included is the reinstatement application form with all changes and a \$ 150.00 check.

Any questions please do not hesitate to give me a call.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Daniel Alvarez', is written over the printed name and title.

Daniel Alvarez  
President