

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000104089**

1. Corporation Name

SAUNDERS MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

405 BARBARA LANE
TAMPA FL 33609

405 BARBARA LANE
TAMPA FL 33609

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

Suite, Apt. #, etc.
~~1108 S Moody Ave~~

Suite, Apt. #, etc.
~~1108 S Moody Ave~~

City & State
~~Tampa FL~~

City & State
~~Tampa FL~~

Zip Country
~~33629 USA~~

Zip Country
~~33629 USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2002

5. FEI Number

55-0799284

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SAUNDERS, MARGARET	405 BARBARA LANE	TAMPA FL 33609
			000041611390 12/03/04--01026--001 **97.50
			000041611390 10/05/04--01076--015 **811.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAUNDERS, MARGARET
405 BARBARA LANE
TAMPA FL 33609

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

Margaret Saunders
REGISTERED AGENT MUST SIGN

Date

7-15-04

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:

Margaret Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-04

Daytime Phone #

813-391-4169

REINSTATEMENT



FILED

04 NOV 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA