

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 1:19

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131640

1. Corporation Name

Marketing Solutions Group of America, Inc.

2. Principal Office Address

1603 Nottingham Knoll Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Office Address

1603 Nottingham Knoll Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32225

Zip

32225

Country

USA

500067948255
03/16/06--01008--025 **1058.75
REINSTATEMENT
CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2002

5. FEI Number

760727532

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

Daniel D. Aikel

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville, FL

State

FL

Zip Code

32202

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

3/2/06

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
Director	James C. Maxwell	1603 Nottingham Knoll Dr.	Jacksonville, FL 32225
Director	Soon Joo Chang	12676 Munifield Boulevard	Jacksonville, FL 32225

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

904-379-3808

Daytime Phone #