

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 31 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000043070

1. Corporation Name

Edvantage Marketing Group Inc

REINSTATEMENT 04-05

2. Principal Office Address

9920 Collins Ave

Suite, Apt. #, etc.

5

City & State

Bal Harbour, FL

Zip

33154

Country

DADE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

as

City & State

Left

Zip

Country

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

5. FEI Number

75-3135760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CRZE087 (8/05) OCT 31 2005

7. Name and Address of Current Registered Agent

Name

Edward Reznik

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

3505 S. Ocean Dr

Suite, Apt. #, Etc.

812

City

Hollywood

State
FL

Zip Code

33019

500061072185

11/01/05--01047--010 ***900.00

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

Eddie Reznik

Date

10/20/05

REGISTERED AGENT MUST SIGN

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
PRES	Edward Reznik	3505 S Ocean Dr	Hollywood, FL 33019
Vice	"		
TRE	"		

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:

Eddie Reznik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/05

Daytime Phone #

305-345-0027