

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000043794

1. Corporation Name
SPECIALIZED MARKETING PRODUCTS INC.

500162403975
11/02/09--01045--014 **300.00

2. Principal Office Address - No P.O. Box #
4128 KING RICHARD DR
Suite, Apt. #, etc.

3. Mailing Office Address
4128 KING RICHARD DR.
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34232 SARASOTA

Zip Country
34232 SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida
April 18, 2003

5. FEI Number
57-1162606

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ERIC DAVENPORT
Street Address (P.O. Box Number is Not Acceptable)
4128 KING RICHARD DR
Suite, Apt. #, Etc.

City State Zip Code
SARASOTA FL 34232

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Eric Davenport Date 10-28-2009
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
PSTD	Davenport Eric	4128 King Richard Dr	Sarasota FL 34232

REINSTATEMENT

08-09
[Signature]

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: Eric Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-2009 9413887630
Date Daytime Phone #