

(((H090002339713)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 NOV -3 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000131003

1. Corporation Name

PI MARKETING GROUP INC

2. Principal Office Address - No P.O. Box #

13876 SW 56 ST

3. Mailing Office Address

13876 SW 56 ST

Suite, Apt. #, etc.

SUITE 354

Suite, Apt. #, etc.

SUITE 354

City & State

MIAMI, FL

City & State

MIAM, FL

Zip

33175

Country

US

Zip

33175

Country

US

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2003

5. FEI Number
200393566

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

BETANCOURT, AIMARA

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

13876 SW 56TH STREET

Suite, Apt. #, Etc.

#354

City

MIAMI

State

FL

Zip Code

33175

☒ 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

Date 10/27/09

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
P	BETANCOURT, AIMARA	13876 SW 56TH STREET #354	MIAMI, FL 33175

REINSTATEMENT
08-09
985

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:

BETANCOURT, AIMARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/09

Date

786-286-0129

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

PI MARKETING GROUP INC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$ 300.00

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Corporate Filing Menu

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