

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 10 AM 11:49

DOCUMENT # PO 3000 13 4216

1. Corporation Name  
SDI Marketing, Inc.

6105 Bahia del Mar Circle  
6105 Bahia del Mar Circle

2. Principal Office Address  
6105 Bahia del Mar Circle

3. Mailing Office Address  
6105 Bahia del Mar Circle

Suite, Apt. #, etc.  
283

Suite, Apt. #, etc.  
283

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip  
33715

Country  
USA

Zip  
33715

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/18/2003

5. FEI Number  
54-2133904

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  
Christopher M. Bohne, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
4465 Gandy Blvd.

Suite, Apt. #, Etc.  
Suite 750B

City  
Tampa

State  
FL

Zip Code  
33611

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

REGISTERED AGENT MUST SIGN

Date 12-30-04

**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
D	Mehdi Jafari	6105 Bahia del Mar Circle	St. Petersburg, FL 33715
			000043794858 01/13/05--01014--022 **750.00

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-30-04  
813-598-5990

CR2E001 (01/04)