

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W08000052125

FILED

2008 DEC 16 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000073297

1. Corporation Name

B2B MARKETING, INC.

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

280 CRYSTAL GROVE BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

LUTZ, FL

Zip

33548

Country

USA

3. Mailing Office Address

280 CRYSTAL GROVE BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

LUTZ, FL

Zip

33548

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 5/5/2004

5. FEI Number



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

NI AC INC.

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

4809 E BUSCH BLVD

Suite, Apt. #, Etc.

SUITE 202-8

City

TAMPA

State

FL

Zip Code

33617



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

REGISTERED AGENT MUST SIGN

Date 12/15/2008

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	Opazo, Yolvi	3710 Collins Ave, Suite 201	Miami Beach, Fl. 33140
D	Garcia, Daniel	22739 Penny Loop	Land O Lakes, Fl. 34639

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:

Daniel Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2008

Date

813-781-6710

Daytime Phone #