

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 11:50

DOCUMENT # P04000123057

1. Corporation Name

Marketing Designs Inc

2. Principal Office Address

2740 E. Oakland Pk Blvd

Suite, Apt. #, etc.

Ste 101

City & State

Fort Lauderdale FL

Zip

33306

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/04

5. FEI Number

510521374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

03/14/05 90078013 / 150000
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Michael Piccininni

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

2740 E. Oakland Park Blvd

Suite, Apt. #, Etc.

101

City

Fort Lauderdale FL

State
FL

Zip Code

33306

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

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
D	Michael Piccininni	2740 E. Oakland Pk Blvd	Fort Lauderdale FL 33306

B 3/21/04

REINSTATEMENT

500069061975
03/30/06--01058--013 **150.00

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 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:

Michael Piccininni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06

Date

954.568.2405

Daytime Phone #

page 2 of 6

Marketing Designs, Inc

March 10, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed you will find an application for Corporation Reinstatement and a check for \$150.00. Upon speaking with your department it was discovered that we never received any rejection notices for the annual reports that were filed for the 2005 year.

Please reinstate and if you have any questions, please contact me at (954)568-2405.

Thank you,

Michael Piccininni

Michael Piccininni