

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000152753**
1. Corporation Name
SPECIALIZED TOP MARKETING SERVICES INC.

FILED
08 APR -7 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500121253375
03/25/08--01055--005 **450.00
500121253375
04/08/08--01015--020 **150.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box # 4005 SAPPHIRE LANE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State WESTON, FL		City & State	
Zip 33331	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/08/04	
5. FEI Number 20-1859750	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name SIBYL VALERIO			
Street Address (P.O. Box Number is Not Acceptable) 4005 SAPPHIRE LANE			
Suite, Apt. #, Etc.			
City WESTON	State FL	Zip Code 33331	

☒ 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 *Aldag*

Date 03/19/08

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
PDTS	SIBYL VALERIO	4005 SAPPHIRE LANE	WESTON, FL, 33331
VDS	JUAN CARLOS VALERIO	4005 SAPPHIRE LANE	WESTON, FL, 33331

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/08

Date

(954) 217-9484

Daytime Phone #