

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000165177

1. Corporation Name

Unprecedented Marketing : Management Concepts
INC

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

2859 Euston Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 2805

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32790

Country

USA

7. Name and Address of Current Registered Agent

Name

Mary K. Kansier

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

2859 Euston Road

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Mary K. Kansier
REGISTERED AGENT MUST SIGN

Date 12-19-2009

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
Pres	Mary K. Kansier	2859 Euston Rd WP FL	Winter Park FL 32789
VP	David L Mackey	2859 Euston Rd WP FL	Winter Park FL 32789
			M. MILLIGAN EXAMINER
			APR -7 2010

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:

Mary K. Kansier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2009

Date

401.241.8999

Daytime Phone #

FILED

10 APR -5 PM 2:12

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

400174531494

04/05/10--01066--005 **900.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-2004

5. FEI Number

20-1971765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.