

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000015842

1. Entity Name
NAM MARKETING OF FL GULF COAST, INC.



FILED

06 SEP 26 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2150 W 1ST STREET UNIT 2B
FT MYERS, FL 33901 US

Mailing Address
2150 W 1ST STREET UNIT 2B
FT MYERS, FL 33901 US

2. Principal Place of Business
2150 W. First St
Suite, Apt. #, etc. 2-B

3. Mailing Address
Same
Suite, Apt. #, etc.



REINSTATEMENT 1/05) *de*

City & State
Ft Myers FL
Zip 33901 Country

City & State
Zip Country

4. FEI Number
202219439

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOODS, SHIRLEY
3742 SE 8TH PL
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name John Blabek
Street Address (P.O. Box Number is Not Acceptable)
3742 SE 8TH PL
City Cape Coral FL Zip Code 33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Blabek* DATE 9-20-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, SHIRLEY 3742 SE 8TH PL CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080311694 09/29/06--01061--024 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Blabek 3742 S.W. 7TH PL Cape Coral FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Blabek* DATE 9-20-06 DAYTIME PHONE # 418-1900(289)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR