

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000025612 1. Entity Name MY SOLE MARKETING, INC.			
Principal Place of Business 292 LAKE DAISY LOOP WINTER HAVEN, FL 33884		Mailing Address 292 LAKE DAISY LOOP WINTER HAVEN, FL 33884	
2. Principal Place of Business - No P.O. Box # 5015 SOUTH FLORIDA AVE 400		3. Mailing Address 5015 SOUTH FLORIDA AVE 400	
City & State LAKELAND, FL		City & State LAKELAND, FLORIDA	
Zip 33813		Zip 33813	
Country		Country	
4. FEI Number 20-4083066		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNZUETA, AMY E 292 LAKE DAISY LOOP WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name AMY E. UNZUETA Street Address (P.O. Box Number is Not Acceptable) 5015 SOUTH FLORIDA AVE SUITE 400 LAKELAND FL 33813	
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: DATE: 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNZUETA, AMY E 292 LAKE DAISY LOOP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMY E UNZUETA 905 FARLINGTON DRIVE LAKELAND, FL33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S UNZUETA, CARLOS F 292 LAKE DAISY LOOP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S CARLOS F UNZUETA 905 FARLINGTON DRIVE LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 1-31-07	