

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000089027

1. Corporation Name

The Marketing Concierge, Inc.

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

1707 West Burke St

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

203068541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carly Benson

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

1707 West Burke St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☒ 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

Carly Benson

REGISTERED AGENT MUST SIGN

Date

06/30/09

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
CEO	Carly Benson	1707 West Burke St	Tampa, FL 33604
EVP	Jeff Benson	8253 Parkstone Place #107	Naples, FL 34120
Controller	Donna Benson	8253 Parkstone Place #107	Naples, FL 34120

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:

Carly Benson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/09

Date

239-572-2497

Daytime Phone #

FILED

2009 JUL 10 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200158367682
07/10/09--01055--007 **450.00

REINSTATEMENT 07-09

CR2E08 (12/08)

B. Mitchell JUL 10 2009