

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000144547

1. Entity Name
MULTIMARKETINGCONCEPTS, INC.



Principal Place of Business
1011 PALM TERRACE DRIVE
CLEARWATER, FL 33755 US

Mailing Address
1011 PALM TERRACE DRIVE
CLEARWATER, FL 33755 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

07 SEP 20 PM 3: 30

CLERK OF STATE
TALLAHASSEE, FLORIDA



09182007 09182007 (1/07)

REINSTATEMENT

07

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, THOMAS C
2123 N.E. COACHMAN ROAD
SUITE A
CLEARWATER, FL 33765

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/18/07

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, 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.D. John Buschel
1011 Palm Terrace Dr
Clearwater FL 33755

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP
300109709879
09/20/07--01043--006 **750.00

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/e Phone #

9-18-07 727-519-3034