


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000087887			
1. Entity Name F. M. B. PUBLISHING CORP.			
Principal Place of Business 3017 MOCK DR TALLAHASSEE, FL 32301		Mailing Address 3017 MOCK DR TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2091 Hollywood Pl. Suite A-8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Atlanta, Georgia	
Zip	Country	Zip	Country
		30318	USA

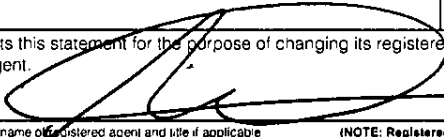
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

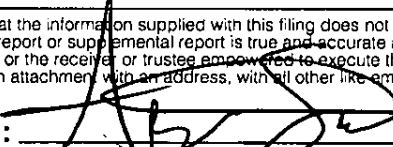


REINSTATEMENT 08-09

4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ARTAVIOUS 3017 MOCK DR TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: MARCO MOLINET Street Address (P.O. Box Number is Not Acceptable): 3017 MOCK DR. City: TALLAHASSEE FL Zip Code: 32301	
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: _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
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	CEO SMITH, ARTAVIOUS M 3017 MOCK DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800156588028 06/01/09--01002--009 **300.00 <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:  DATE: 5/29/2009 DAYTIME PHONE: 404-759-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR