

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV -2 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000013229

1. Corporation Name

AGE MARKETING GROUP CORP

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

20100 W. COUNTRY CLUB DR.

Suite, Apt. #, etc.

808

City & State

AVENTURA, FLA

Zip

33180

Country

U.S.A

3. Mailing Office Address

20100 W. COUNTRY CLUB DR.

Suite, Apt. #, etc.

808

City & State

AVENTURA, FLA

Zip

33180

Country

U.S.A

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02-08-2013

5. FEI Number

46-1994259

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

MOLANO Sonia

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

20100 W. COUNTRY CLUB DR.

Suite, Apt. #, Etc.

808

City

AVENTURA

State

FL

Zip Code

33180

Session 4/13/16

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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

REGISTERED AGENT MUST SIGN

Date 28-10-2016

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
P	Molano Sonia	222 SW 3 Terrace	Dania Beach, FL 33004

10. E-mail Address: agemarketinggroup@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sonia Molano

28-10-16

786-487-5687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

K. ASHTON