

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT -2 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000074298

1. Corporation Name

Edwin Earls Marketing, Inc

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

2709 Forest Club Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2709 Forest Club Dr

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33566

Country

US

Zip

33566

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Edwin Earls

5. FEI Number

463026930

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

Brenda M Love

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

2709 Forest Club Dr

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

400264982754
10/02/14--01039--024 **750.00

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

Date **9/15/2014**

REGISTERED AGENT MUST SIGN

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
President	Brenda M Love	2709 Forest Club Dr	Plant City, FL 33566

S. HAWKES

OCT 03 AM.

EXAMINER

10. E-mail Address: **marketing@edwinearls.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:

Brenda M Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/2014

813 752-3787

Date

Daytime Phone #

BRENDA M LOVE