FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

[redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 DEC 22 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057290 (7)**

1. Corporation Name
THE MARKETING PLANNER, INC.
REINSTATEMENT 1997

Principal Place of Business	Mailing Address
~~81 NE 21 STREET~~ ~~SUITE 701~~ ~~MIAMI FL 33137~~ ~~US~~ 6301 Biscayne Blvd. Suite 211 Miami, FL 33138	~~81 NE 21 STREET~~ ~~SUITE 701~~ ~~MIAMI FL 33137-4019~~ ~~US~~ 6301 Biscayne Blvd. Suite 211 Miami, FL 33138.

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0470768 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6301 Biscayne Blvd.	26 6301 Biscayne Blvd
Suite, Apt. #, etc. 22 Suite 211	Suite, Apt. #, etc. 27 211
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33138 Country 25 U.S	Zip 29 33138 Country 30 U.S.

9. Name and Address of Current Registered Agent
HOLDER, PATRICIA E
1600 NE 135TH ST. #508
N. MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] PATRICIA HOLDER | PRESIDENT 12/17/97
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	HOLDER, PATRICIA E 1600 NE 135 ST. #508 N. MIAMI FL 33181		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	CANON, KENNETH 7517 ADVENTURE AVE N. BAY VILLAGE FL 33141		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	100000238883 11 - -12/26/97--01063--006 ****208.75 ****208.75
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	CANON, LUZ MARINA 7517 ADVENTURE AVE. N. BAY VILLAGE FL 33141		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	100000238883 11 - -12/26/97--01063--00 ****550.00 ****550.0
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Q. Alan 12/22/97
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE [signature] 12-17-97 [redacted]