

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062057

1 Corporation Name

SOURCE MARKETING AND DESIGN, INC.

Principal Place of Business

3330 BRUSSELS AVENUE
COOPER CITY FL 33026

Mailing Address

3330 BRUSSELS AVENUE
COOPER CITY FL 33026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6100 Hollywood Blvd

Suite, Apt. #, etc.

Suite 404

City & State

Hollywood FL

Zip

33024

Country

USA

3. New Mailing Office Address, If Applicable

c/o MARK BERNSTEIN, CPA, PA

Suite, Apt. #, etc.

6100 Hollywood Blvd, Suite 404

City & State

Hollywood, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1993

5. FEI Number

65-0434281

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MASTERS, JOHN G	3330 BRUSSELS AVE	COOPER CITY FL
		c/o MARK BERNSTEIN, CPA, PA 6100 Hollywood Blvd Suite 404	Hollywood, FL 33024
			800002045278--7 -01/03/97--01132--013 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

BLACKBURN, ACE J. JR
COONEY, HALICZER, MATTSON, LANCE, BLACKBURN
301 E LAS OLAS BLVD
FT. LAUDERDALE FL 33302

9. Name and Address of New Registered Agent

Name MARK BERNSTEIN, CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
6100 Hollywood Blvd,
Suite, Apt. #, Etc.
Suite 404
City 33024
State FL Zip Code 33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mark Bernstein

REGISTERED AGENT MUST SIGN

Date

12-30-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

John G. Masters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/96

Date

910-632-1260

Daytime Phone #