

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071985

1. Corporation Name

Southern Marketing Consultants Inc.

2. Principal Office Address

5720 Shirley Street

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

3. Mailing Office Address

5720 Shirley Street

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/15/1993

5. FEI Number

65-0532537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **2**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles N. Eveleno

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

116 Cypress Way E.,

Suite, Apt. #, Etc.

E4

City

Naples

State
FL

Zip Code
34110

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Charles N. Eveleno

Date June 15, 2001

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
P/T/S/D	Charles N. Eveleno	116 Cypress Way, E., E4	Naples, FL 34110

REINSTATEMENT 95 01

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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:

Charles N. Eveleno

CHARLES N. EVELONO

June 15, 2001

941-649-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

DANIEL L. GALVIN
ATTORNEY AT LAW

June 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

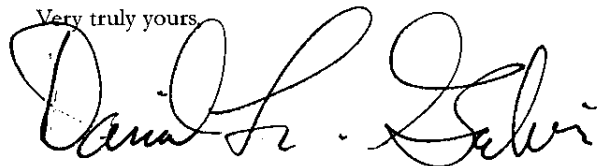
Re: Reinstatement of Southern Marketing Consultants, Inc.

Dear Madam:

Enclosed herewith please find the Corporate Reinstatement form for the above captioned corporation which was administratively dissolved in 1995. Also enclosed is my client's check payable to Department of State in the amount of \$1,658.75 in payment of the reinstatement fee and the fee for the issuance of a certificate of status. I have also enclosed an envelope addressed to my client within which you may return the certificate.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Daniel L. Galvin", written in a cursive style.

Daniel L. Galvin