

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000082313**

1. Corporation Name

Hot Off The Press Promotions, Inc.

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

480 Luna Bella Ln.

3. Mailing Office Address

PO Box 2848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach

City & State

New Smyrna Beach

Zip

32168

Country

Volusia

Zip

32170

Country

Volusia

7. Name and Address of Current Registered Agent

Name

Harry G. Campbell

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

480 Luna Bella Lane

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

Harry G. Campbell

Date **12/29/09**

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
Pres	Harry G. Campbell	480 Luna Bella Lane	New Smyrna Beach, FL 32168

10. E-mail Address: **harry@hot-promos.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., 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.

SIGNATURE:

Harry G. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/09 386-423-2396

Date

Daytime Phone #

FILED

09 DEC 30 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/30

300164062599

12/30/09--01002--015 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1994

5. FEI Number

593286201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.