

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P950000 28829**

1. Corporation Name

Online Marketing Specialists, Inc

Principal Place of Business

Mailing Address

**5940 Palmer Blvd
Sarasota, FL**

Same

REINSTATEMENT 1998-1999

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0571305

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Earl J Niemeth	5940 Palmer Blvd	Sarasota, FL 34232
Sec	Carolyn E. Niemeth	5940 Palmer Blvd	Sarasota, FL 34232
Treas	Carolyn E. Niemeth	5940 Palmer Blvd	Sarasota, FL 34232

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-02/16/99--01051--024
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Earl J Niemeth Carolyn E. Niemeth 5940 Palmer Blvd Sarasota, FL		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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

Carolyn E. Niemeth
REGISTERED AGENT MUST SIGN

Date **4/7/1999**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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: **Carolyn E. Niemeth**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Treasurer

Date **4/7/1999**

Daytime Phone # **941/329-2955**

CR2E081 (12/98)