

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

1996 Annual Report

DOCUMENT # P95000036786

1. Corporation Name **One Price Marketing, Inc.**

**APPROVED
AND
FILED**

1996 JUL 29 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5060 Coconut Creek Parkway
Margate, FL 33066**

Mailing Address

the same

**200001809062
-07/31/96--01006--013
*****233.75 *****233.75**

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

May 8, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. **AK** Number

☒ Applied For
☐ Not Applicable

City & State

City & State

65-0580170

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)

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/D	Madelene Rao	2616 N. Carambola Circle	Coconut Creek, FL 33066
S/D	Selma Rosenblatt	9400 N.W. 81st Court	Tamarac, FL 33321

8. Name and Address of Current Registered Agent

**Joseph L. Bernstein, P.A.
2400 E. Commercial Boulevard, Suite #720
Fort Lauderdale, Florida 33308**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Madelene E. Rao President 7/22/96 (954) 974-0052