

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 DEC 11 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044693

**1. Corporation Name**

First Marketing Group of Tampa, Inc.

**2. Principal Office Address**

13332 Golf Crest Circle

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33618

Country  
USA

**3. Mailing Office Address**

P.O. Box 341978

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33694

Country  
USA

400082412634  
12/11/06- 01006--012 #400.00

REINSTATEMENT

05-06

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

06/09/1995

**5. FEI Number**

59-3326005

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

David S. Stewart

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

13332 Golf Crest Circle

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33618

**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

Date December 5, 2006

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
PD	David S. Stewart	13332 Golf Crest Circle	Tampa, FL 33618
ST	Suana C. Stewart	13332 Golf Crest Circle	Tampa, FL 33618

**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 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 5, 2006 (813) 265-1902

Date

Daytime Phone #

12/11/06