

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA5000051035

1. Corporation Name

AAC Marketing, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

150 E. Ponce de Leon Ave.

3. Mailing Office Address

150 E. Ponce de Leon Ave.

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Decatur, Georgia

City & State

Decatur, Georgia.

Zip

30030

Country

USA

Zip

30030

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/95

5. FEI Number

58-2190093

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary R. Adams
REGISTERED AGENT MUST SIGN

MARY R. ADAMS
ASSISTANT SECRETARY

Date 1/13/2004

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	Douglas J. Brady	150 E. Ponce de Leon Avenue	Decatur, Georgia 30030

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02/04/04--01055--021 **900.00

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 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:

Douglas J. Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Brady

1/12/04
Date

(404) 371-1050
Daytime Phone #

CR2E081 (10/02)