

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000074475**

1. Corporation Name

PLATINUM PROMOTIONS, INC.

Principal Place of Business

Mailing Address

**7528 OLEANDER GATE DRIVE STE 201 B
NAPLES FL 33942**

**7528 OLEANDER GATE DRIVE STE 201 B
NAPLES FL 33942**

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

09/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0612293

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

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
D	MARCENO, CARMINE	7528 OLEANDER GATE DRIVE STE 201	NAPLES FL 33942
			600002059696--5 01/16/97-01010-003 ****375.00 ****375.00
			11/13/97
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, ROGER B
300 SEADATE DRIVE STE 203
NAPLES FL 33940

SCHOLD, DONALD K.
2640 GOLDENGATE PKWY
SUITE 202
NAPLES, FL 34105

Name

DONALD K. SCHOLD, ESQ.

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

2640 GOLDEN GATE PARKWAY #202

Suite, Apt. #, Etc.

City

NAPLES

State

Zip Code

FL

34105

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

REGISTERED AGENT MUST SIGN

Date **12/12/96**

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 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:

Carl Carmine Marceno Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/96
Date

Daytime Phone #