

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000083408**

1. Corporation Name

PROMOTIONAL PREMIUMS INC.

500057743235
07/21/05--01025--003 ***450.00

2. Principal Office Address

22833 COLLEIDGE DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O' LAKES, FL

City & State

SAME

Zip

Country

34639

PASCO

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/31/05

5. FEI Number

650605499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

W00

7. Name and Address of Current Registered Agent

Name

FRED BROWNING

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

22833 COLLEIDGE DR

Suite, Apt. #, Etc.

City

LAND O' LAKES

State

FL

Zip Code

34639

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/6/05

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
P	FRED BROWNING	22833 COLLEIDGE DR	LAND O' LAKES, FL 34639

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05

Date

813

929-0604

Daytime Phone #

CR2E081 (07/05)



Specialty Items * Graphic Services * Embroidery
Silk Screening * Incentive Programs
Event Management

2052

July 6, 2005

Dept. of State
Division of Corporations
409 East Gaines St..
Tallahassee, FL 32399

Re: Doc # p95000083408

Dear Sirs:

It has been brought to my attention that my corporation – Promotional Premiums Inc. is listed as inactive. Per my conversation with an examiner and explanation of what has transpired during that time, it was suggested that I write a letter requesting a waiver and explanation.

Promotional Premiums Inc. has moved 2 times since December of 2002 to the following addresses:

1719 Magdalene Manor Dr., Tampa, FL 33613(6-8months) and
22833 Collridge Dr. Land O'Lakes, FL 34639.

During those two moves, the USPS either did not deliver or returned PPI mail. This was after many changes of address filings to try to get PPI mail delivered. I am certain that my address currently on file on (Azalea Ridge) and resident who resides there received PPI mail and did not forward or threw it away. As of this date, I have not received anything from the Dept of State.

If you need further documentation regarding the change in address to support above, I would be more than happy to provide. Should you have any questions or need for information, please feel free to give a call.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Browning", is written over the typed name and title.

Fred Browning
President