

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



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

FILED

Feb 01 1999 8:00 am
Secretary of State

DOCUMENT # **PA50000091855**

1. Corporation Name

New Regulatory Marketing Services, Inc.

Principal Place of Business

Mailing Address

300002764683--2
-02/04/99--01053--003
****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3234 Ella Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1108
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/95

5. FEI Number

59-3354467

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Edward Ranson	6354 Lodi Trail	Alt. day FL 34280
S	Patrick Lamb	3234 Ella Ln	New Port Richey FL 34655

300002764683--2
-02/04/99--01053--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

David P. Folkenflik, Esq.
1266 South Pinellas Avenue
Tarpon Springs, FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

David P. Folkenflik

REGISTERED AGENT MUST SIGN

Date 1-8-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99
Date

727-376-4154
Daytime Phone #

CR2040 (1-98)