

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 996000054780

1. Corporation Name

S + S Marketing & Consulting, Inc.

2. Principal Office Address - No P.O. Box #

1402 SE 47th St

3. Mailing Office Address

310 Tudor Drive

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

7. Name and Address of Current Registered Agent

Name

Terrie Shively

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

310 Tudor Drive

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33904

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

Terrie Shively

REGISTERED AGENT MUST SIGN

Date 9/26/07

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
<u>D</u>	<u>Carrell Shively</u>	<u>310 Tudor Dr.</u>	<u>Cape Coral, FL 33904</u>
<u>P</u>	<u>Terrie Shively</u>	<u>310 Tudor Dr.</u>	<u>Cape Coral, FL 33904</u>

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:

Terrie Shively Terrie Shively

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/07 239-677-7709

Daytime Phone #

FILED

07 SEP 28 AM 10: 56

SECRETARY OF STATE

ALLAHAMASSEE-FLORIDA

800110064698
09/28/07--01060--012 **1200.00

800110064698
09/28/07--01060--013 **8.75

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1996

5. FEI Number

65-0682748

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.