

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060269

1. Corporation Name

GUARDIAN MARKETING SERVICES, CORP.

Principal Place of Business

9641 GULF BLVD
TREASURE ISLAND FL 33706

Mailing Address

9641 GULF BLVD
TREASURE ISLAND FL 33706

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1996

5. FEI Number

59-3390306

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WOLF, BRYON	6116 KIPPS COLONY DR W	GULF PORT FL 33707
VS	ELIASSON, ROY	3006 LONGBROOKE WAY	CLEARWATER FL 33760
V	REILLY, DAVID	1102 2ND AVE SOUTH	TIERRA VERDE FL 33715

500008605146
10/28/02--01032--018 **750.00

8. Name and Address of Current Registered Agent

WOLF, BRYON
6116 KIPPS COLONY DR W
GULF PORT FL 33707

9. Name and Address of New Registered Agent

Name Donald L. Booth
Street Address (P.O. Box Number is Not Acceptable)
9641 GULF BLVD
Suite, Apt. #, Etc.

City Treasure Island State FL Zip Code 33706

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. or 617.0505, F.S.

Signature of
Registered Agent

Donald L. Booth **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

23 OCT 2002

11. 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:

David Reilly **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

727 367 6887

FILED

02 OCT 28 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

CR2ED40 (8/02)