

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 11 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 796000076082

1. Corporation Name

Alliance Marketing Services Inc

2. Principal Office Address

6239 Edgewater Dr.

Suite, Apt. #, etc.

Suite D-16

City & State

Orlando, FL

Zip

32810

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-2267546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rick Hooley

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

6239 Edgewater Dr.

Suite, Apt. #, Etc.

D-16

City

Orlando

500030256605

03/11/04 01014 005 **750.00

State

FL

Zip Code

32810

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

[Signature]

Date 3/8/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Kim W. Hooley | 6239 Edgewater Dr. Suite D-16 | Orlando, FL 32810 |
| VP | Rick Hooley | 6239 Edgewater Dr. Suite D-16 | Orlando, FL 32810 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04 407 902 9776

CR2E081 (01/04)

VB