

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091153

1. Corporation Name

TOTAL QUALITY MARKETING ASSOCIATES, INC.

Principal Place of Business

5901 SW 15 ST
PLANTATION FL 33317

Mailing Address

5901 SW 15 ST
PLANTATION FL 33317



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

65-0748172

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
PD	PUNZIANO, MICHAEL A	5901 SW 15 ST	PLANTATION FL 33313

100004769591--0
-01/11/02--01054--029
****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~PUNZIANO, MICHAEL A~~
5901 SW 15 ST
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

30 OCT 01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 OCT 01

CR2E040 (801)

Total Quality Marketing Associates, Inc.
5901-SW 15 Street
Plantation Fl 33317

20 December 01

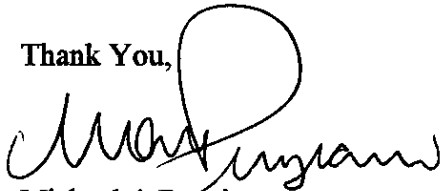
Secretary Of State
Division Of Corporations
Tallahassee, Fl

Dear To Whom It May Concern,

I have never received the original uniform report (UBR) for this year-2001. We have had substitute letter carriers on our route and have had trouble receiving all of our mail. These service problems have been reported to the US Post Office. We are on a waiting list for a PO box to eliminate this problem in the future.

Could you please accept my report and the \$150 fee and waive the penalty.

Thank You,

A handwritten signature in black ink, appearing to read 'Michael A. Punziano', with a large, stylized loop at the end.

Michael A Punziano
President, Total Quality Marketing Associates Inc.