

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000093758**

1. Corporation Name

MASTERPIECE MARKETING & MEDIA, INC.

600020683226

06/03/03--01067--002 **1208.75

2. Principal Office Address

1469 COLONIAL BLVD.

Suite, Apt. #, etc.

101

City & State

FORT MYERS FL

Zip Country

33907 LEE

3. Mailing Office Address

1469 COLONIAL BLVD

Suite, Apt. #, etc.

101

City & State

FORT MYERS FL

Zip Country

33907 LEE

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-15-1996

5. FEI Number

650720 421

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

JOSEPH C. SCHWANTES

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

2317 SE 20TH PLCE CAPE CORAL FL

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

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

Joseph C. Schwantes
REGISTERED AGENT MUST SIGN

Date **6/4/03**

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	JOSEPH C. SCHWANTES	2317 SE 20TH PL	CAPE CORAL FL 33990
V.P.	PRIMEA J. SCHWANTES	2317 SE 20TH PLCE	CAPE CORAL FL 33990

REINSTATEMENT 00-003

Tilman 6/12/03

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)(f), 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:

Joseph C. Schwantes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. SCHWANTES

Date

6-4/03

Daytime Phone #

239-470

3314

ATTACHED
CHANGE OF
AGENT

CR2E081 (10/02)