

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 26 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-96000103418**

1. Corporation Name

PUBLICATION MANAGEMENT, INC.

2. Principal Office Address

3170 S OCEAN BL.

Suite, Apt. #, etc.

606N

City & State

PALM BEACH, FL

Zip

33480

Country

PALMBEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

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

W. WALTER BOYD

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

3170 S OCEAN BL

Suite, Apt. #, Etc.

606N

City

PALM BEACH

State

FL

Zip Code

33480

100027546031
01/26/04--01016--017 **1050.00

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

W. Walter Boyd

REGISTERED AGENT MUST SIGN

Date

Jan. 19, 2004

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.	W. WALTER BOYD	3170 S OCEAN BL - 606N	PALM BEACH, FL 33480
T.	W. WALTER BOYD	3170 S OCEAN BL - 606N	PALM BEACH, FL 33480
CLERK	W. WALTER BOYD	3170 S OCEAN BL - 606N	PALM BEACH, FL 33480

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:

W. Walter Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 19, 2004

Daytime Phone #

585-2910

CR2E081 (10/02)