

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

James B. Morone
Secretary of State
BUREAU OF CORPORATIONS



FILED

98 DEC -7 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P91000005538

1. Corporation Name

PRIME MARKETING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2020 MICHIGAN AVENUE NE
ST. PETERSBURG, FL 33703

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1-16-97

5. FEI Number

59-3427494

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EDGAR OLIN RAWLS	2020 MICHIGAN AVE. NE	ST. PETERSBURG, FL 33703
S/T	CHARLES EMORY CROSS	5440-445 BEAUMONT CTR BLVD	TAMPA, FL 33634

1000002709471--2
-12/10/98--01094--015
****158.75 ****158.75

TS, 12/9/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

EDGAR OLIN RAWLS

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

2020 MICHIGAN AVE. NE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33703

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

E.O. Rawls

REGISTERED AGENT MUST SIGN

Date 12-4-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

CE Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-98 (813)505-2569

Date

Daytime Phone #

CR20040 (1/98)

PrimeMarketing Consultants, Inc.

12-4-98

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POB 6327
TALLAHASSEE, FL 32314

2

TO WHOM IT MAY CONCERN:

WE MOVED SOME TIME AGO FROM OUR ORIGINAL ADDRESS OF 10328
MAIN STREET, THONOTOSASSA, FL 33592 WITH A MAILING ADDRESS OF
POB 5002, TAMPA, FL 33675 SOME TIME AGO AND WE LEFT A FORWARDING
ADDRESS WITH THE US POST OFFICE AT BOTH ADDRESSES.

THE POST OFFICE EITHER IGNORED THEM OR THEY EXPIRED BEFORE
YOUR MAILINGS CAME TO US. IN ANY EVENT WE DID NOT RECEIVE ANY
NOTICES FROM YOU.

PLEASE ALLOW US A ONE TIME EXCEPTION TO YOUR \$600 REINSTATEMENT
FEE.

SINCERELY,



C. EMORY CROSS, SEC/TRES