

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

01-02 UBR

192

FILED

02 MAR 14 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022373

1. Corporation Name

DEEDS MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

~~124 LAKE VIEW DR~~  
AUBURNDALE FL 33823

~~124 LAKE VIEW DR~~  
AUBURNDALE FL 33823



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3429801

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	DEEDS, TIMOTHY C	124 LAKE VIEW DR	AUBURNDALE FL 33823

900005182359--0  
-04/02/02--01031--008  
\*\*\*\*308.75 \*\*\*\*308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEEDS, TIMOTHY C  
124 LAKE VIEW DR  
AUBURNDALE FL 33823

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

*Tim Deeds*

REGISTERED AGENT MUST SIGN

Date

2/20/02

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:

*Tim Deeds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02  
Date

863-962-7932  
Daytime Phone #

CR2E040 (8/01)

208

**D.M.G**  
**DEEDS MARKETING GROUP**  
110 WEST POLK STREET AUBURNDALE, FLORIDA 33823  
Phone 1-863-967-7932 Fax 1-863-967-1905

February 22, 2002

---

Dear Sir,

This letter is sent with my application for reinstatement. You were sending the form to the wrong address. I have called your office for instructions, and they said to write you with the explanation, and to send a check for \$300.00. You will find that check enclosed. We have also included \$8.75 for the certificate of status. Thanks very much for your help.

We have used your internet site to get some of this information, and it is very helpful. That was a great idea by someone to put your information on the Web.

Thanks again for your help.

Regards,  
Tim Deeds

*Tim Deeds*

---

---