

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 23028

1. Corporation Name

HARMAN/HETTIG MARKETING & PROMOTIONS, INC.

2. Principal Office Address

12360 66th Street North

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

34643

Country

Pinellas

3. Mailing Office Address

1433 Gulf to Bay Blvd.

Suite, Apt. #, etc.

F

City & State

Clearwater, FL

Zip

33755

Country

Pinellas

REINSTATEMENT 00

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

3/10/98

SP

5. FEI Number

59-3500635

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

Candy Harman

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

1433 Gulf to Bay Blvd

Suite, Apt. #, Etc.

F

City

Clearwater,

State

FL

Zip Code

33755

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

Candy Harman

REGISTERED AGENT MUST SIGN

Date

12/29/00

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

--VP-- Candy Harman 1433 Gulf to Bay Blvd. # F

Clearwater, FL 33755

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.

CANDY HARMAN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candy Harman

Date

12/29/00

Daytime Phone #

(727) 467-0340