

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000041018
1. Corporation Name C K Marketing Consultants, Inc.

2. Principal Office Address
620 Twiggs Street

3. Mailing Office Address
620 Twiggs Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33602 U.S.A.

Zip Country
33602 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida May 6, 1998

5. FEI Number Applied For
59-3565972 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
Eric K. Allen
Street Address (P.O. Box Number is Not Acceptable)
170 North Florida Avenue
Suite, Apt. #, Etc.
City
Bartow

State Zip Code
FL 33830

REINSTATEMENT 2000-01

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 Eric K. Allen
REGISTERED AGENT MUST SIGN

Date March 12, 2001

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
P D	Cindy J. Kilgore	620 Twiggs Street	Tampa, Florida 33602

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~~***300.00 ***300.00~~

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: Cindy Jeffrie Kilgore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2001 813-654-9545
Date Daytime Phone #

CR2E081 (9/00)