

85192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 25 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045653

1. Corporation Name

Mulligan Promotions Group, Inc.

2. Principal Office Address

6501 Pavone St.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

6501 Pavone St.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida

5-18-1998

5. FEI Number

593510985

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

DAVID BROWDER JR.

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

305 South DUNCAN Avenue

Suite, Apt. #, Etc.

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

David Browder Jr.

Date

1/22/05

REGISTERED AGENT MUST SIGN

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
PSTD	LLOYD, WILLIAM E.	6501 Pavone St.	LAKE WORTH, FL 33467
VPD	LLOYD, RHODA M.	6501 Pavone St.	LAKE WORTH, FL 33467
			100045623351 01/31/05--01008--021 **750.00
			100045623351 01/31/05--01008--022 **8.75

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)(f), 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:

William E. Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

Date

954-815-8368

Daytime Phone #

CR2E081 (01/05)

fs 282

Law Office of David Browder Jr., Esq.
305 South Duncan Avenue
Clearwater, FL 33755

Telephone 461-5788

Area Code 727

Facsimile 442-2851

January 22, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Mulligan Promotions Group, Inc. P98000045653

Gentlemen:

This is a request for waiver of the Reinstatement fee for the above corporation.

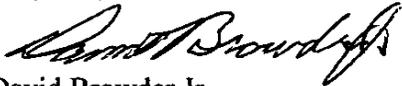
This corporation was dissolved for failure to file the annual report for 2001.

My office address is as shown on this letterhead and has been since 1989. My client's address in 2001 is as shown on the corporate records. My client denies receiving the annual report for that year, and your records reflect that the report was returned to you.

The Corporation Reinstatement form, together with my clients check in the amount of \$750.00 to cover the annual fees through 2005, and including \$8.75 for a Certificate of Status, are enclosed.

Please call me if you require any further information. Thank you for your assistance.

Very truly,



David Browder Jr.

Cc: client

Encl. - Application for Reinstatement; ck # 7629 and 7630