

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000105500**

1. Corporation Name

THE PUBLICATION GROUP, INC.

Principal Place of Business

1315 S. HOWARD AVE., S-102
TAMPA FL 33606

Mailing Address

1315 S. HOWARD AVE., S-102
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable

3225 S. MacDill Ave. Ste 187
Tampa, FL
City & State

3. New Mailing Office Address, If Applicable

3225 South MacDill Ave.
Suite 187
Tampa, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

5. FEI Number

59-3549168

Applied For

Not Applicable

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	4 City / State / Zip
D	BARNES, DENISE	1315 S. HOWARD AVE., S-102 3225 S. MacDill Ave. Ste 187	TAMPA FL 33606 TAMPA, FL 33629

600003046506--0
-11/17/99--01003--004
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

BARNES, DENISE
1315 S. HOWARD AVE., S-102
TAMPA FL 33606

3225 S. MacDill Ave.
Suite 187
Tampa, FL 33629

9. Name and Address of New Registered Agent

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

Denise Barnes

REGISTERED AGENT MUST SIGN

Date 10-29-99

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:

Denise Barnes

DENISE M. BARNES

10-29-99

Date

813-251-0498

Daytime Phone #

CR2E040 (8/99)