PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB -2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/11/00 90075/004 $550.00

REINSTATEMENT

DOCUMENT # P99000020761

1. Corporation Name
DELEON MARKETING, INC.

2. Principal Office Address: 123 N. Orachard ST.
Suite, Apt. #, etc.: Suite 1A
City & State: Ormond Beach, FL
Zip: 32174 Country: USA

3. Mailing Office Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/21/99

5. FEI Number: 59-3570010 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certificate of status

7. Name and Address of Current Registered Agent
Name: STEVE WATERS
Street Address (P.O. Box Number is Not Acceptable): 123 North Orchard St.
Suite, Apt. #, Etc.: Suite 1A
City: Ormond Beach, FL State: FL Zip: 32174

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**350.00 **350.00

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: X Stephen M Waters
REGISTERED AGENT MUST SIGN
Date: 02/01/01

CR2E081 (9/00)

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
PR/D	BOB ALBERT	123 North Orchard	Ormond Beach, FL 32174
VP/D	STEVE WATERS	123 North Orchard	Ormond Beach, FL 32174
S/D	B. PAUL KATZ	1 Florida Park Dr. So.	Palm Coast, FL 32137
D	RALPH CAPOZZI	60 Normandy Lane	New Rochelle, NY 10804
D	EUGENE MCCAIN	11 San Marco Court	Palm Coast, FL 32137
D	Valdine TATE	4 Pine Shadow Crt	Ormond Beh Fl 32174

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: X Stephen M Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 02/01/01
Daytime Phone #