

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000020939**

1. Corporation Name

PALM BEACH MEDIA & MARKETING, INC.

Principal Place of Business

Mailing Address

1802 ROSEWOOD WAY
PALM BEACH GARDENS FL 33418

1802 ROSEWOOD WAY
PALM BEACH GARDENS FL 33418



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0900820

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAMSEY, PAMELA	1802 ROSEWOOD WAY	PALM BEACH GARDENS FL 33418

300024413083
11/04/03-01054-006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMSEY, PAMELA
1802 ROSEWOOD WAY
PALM BEACH GARDENS FL 33418

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-29-03**

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:

[Signature] PAMELA RAMSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 **561-626-5523**
Date Daytime Phone #

CR2E040 (7/03)



**PALM BEACH
Media & Marketing** INC

PMB 210 • 7100-39 Fairway Drive • Palm Beach Gardens, FL 33418

561-626-5523 • Fax 561-627-8959

October 29, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

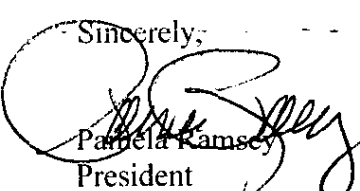
Dear Sirs:

I spoke with a representative from your office today regarding my annual Uniform Business Report. I recently received a Notice of Administrative Dissolution or Revocation, however never received any notice prior. My mail is delivered to a large bulk bin of approximately 100 different boxes. Although each person needs a key to access their box, many people who get other people's mail fail to either forward and ask that it be re-delivered.

I was told by one of your representatives, that I should fill out the Notice of Administrative Dissolution or Revocation form and mail it with the initial amount that was due by May 1, 2003 of \$150.00. I will mark my calendar for the beginning of April for next year in case this happens again.

Please let me know if I need to do anything further to resolve or reinstate my corporation.

Sincerely,


Pamela Ramsey
President