

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 3:47

DOCUMENT # **P99 0000 36547**

1. Corporation Name

AGENCY MARKETING, INC.

900004212659--0
-05/11/01--01118--027
***900.00 ***900.00

2. Principal Office Address

2090 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

400

City & State

West Palm Beach, FL

Zip

33409

Country

US

3. Mailing Office Address

C/O Mosher & Schneider, P.A.

Suite, Apt. #, etc.

250 Australian Ave. S. #1550

City & State

West Palm Beach, FL

Zip

33401

Country

US

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1999

5. FEI Number

65-0943319

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

John C. Schneider

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

250 Australian Avenue South

Suite, Apt. #, Etc.

1550

City

West Palm Beach

State

FL

Zip Code

33401

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

John C. Schneider

REGISTERED AGENT MUST SIGN

Date

4/27/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Jenkins, Wayne	1221 Wyndcliffe Drive	West Palm Beach, FL 33409
VP/D	Jenkins, Derrick	13761 Yarmouth Drive	Wellington, FL 33414
D	Schneider, John C.	250 Australian Avenue S. #1550	West Palm Beach, FL 33401

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:

John C. Schneider, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01 (561) 471-9000

Daytime Phone #

CR2E081 (9/00)