

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **R99000041337**

1. Corporation Name

MARKETPICTURE.COM, INC.

2. Principal Office Address

4119 61st Ave. Terrace West

3. Mailing Office Address

4119 61st Ave. Terrace West

Suite, Apt. #, etc.

Suite 305-C

Suite, Apt. #, etc.

Suite 305-C

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34210

Country

USA

Zip

34210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/99

5. FEI Number

65-0930742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Shea, Patrick O

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

4119 61st Avenue Terrace West

Suite, Apt. #, Etc.

Suite 305-C

City

Bradenton

State

FL

Zip Code

22044

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

Patrick O. Shea

REGISTERED AGENT MUST SIGN

Date

12/18/03

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
D	Patrick O. Shea	4119 61st Ave. Terrace West	Bradenton, FL 34210

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick O. Shea PATRICK SHEA PRES.

Date

12/18/03

Daytime Phone #

941-730-2508

CR2E081 (10/02)