

FOR
REINSTATEMENT



Sandra B. Wornham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000048808**

1. Corporation Name

MARKETING PROFESSOR, INC.

FILED

00 DEC -4 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
5681 Caruso Court

3. New Mailing Office Address, If Applicable
5651 Caruso Court

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0923437

Applied For

Not Applicable

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

Zip

Country

Zip

Country

33437

USA

33437

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	WEISMAN, NAT	5681 Caruso Court	Boynton Beach, FL 33437
			000003493350--7
			12/11/00--01038--004
			****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Nat. Weisman

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

5681 Caruso Court

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/30/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00

Date

561-369-3386

Daytime Phone #

CR20040 (12/96)