

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 AM 10:04

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000048808

1. Corporation Name

MARKETING PROFESSOR INC

2. Principal Office Address

5681 CARUSO CT

3. Mailing Office Address

5681 CARUSO CT

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33437

Country

U.S.A

Zip

33437

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/99

5. FEI Number

650923437

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

EDWARD B. COHEN

800004713928--4

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

54 S.W. BOLA LATION BLVD.

12/87/01 01027-012

****758.75 ****758.75

Suite, Apt. #, Etc.

City

BOLA LATION

State
FL

Zip Code

33432

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

Edward B. Cohen

Date 11/20/01

REGISTERED AGENT MUST SIGN

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
P/S/D	NAT WEISMAN	5681 CARUSO CT. #102	BOYNTON BEACH, FL 33437

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:

NAT WEISMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/01

Daytime Phone #

561-369-3386

CRCEB81 (8/00)