

OCT-03-2003 10:52

MacFarlane Ferguson Clw

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
P.02OCT-03 AM 9:51
H030002898163SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000049629

1. Corporation Name

AGGRESSIVE MARKETING AND MANAGEMENT, INC.

2. Principal Office Address

1324 Seven Springs Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip

34635

Country

Pasco

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1999

5. FEI Number

593578751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

John B. McLane, Jr.

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

1324 Seven Springs Blvd.

Suite, Apt. #, Etc.

Suite 130

City

New Port Richey

State

FL

Zip Code

34635

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

Date

Oct. 2, 2003

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
PD	John Brian McLane, Jr.	1324 Seven Springs Blvd., Ste. 130	New Port Richey, FL 34635

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)(f), 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.

H030002898163

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 2, 2003 (727) 441-8966

Date

Daytime Phone #

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

CORPORATION REINSTATEMENT

AGGRESSIVE MARKETING AND MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75

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