

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Shirine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1062  
FILED

DOCUMENT # P99000078947

01 FEB 28 AM 11:24

1. Corporation Name

FATHERLAND MARKETING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1801 ANASTASIA WAY SOUTH  
ST. PETERSBURG FL 33712

1801 ANASTASIA WAY SOUTH  
ST. PETERSBURG FL 33712



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAVIS, CLARENCE E SR.	1801 ANASTASIA WAY SOUTH	ST. PETERSBURG FL 33712
SD	DAVIS, ADA B	1801 ANASTASIA WAY SOUTH	ST. PETERSBURG FL 33712
D	JOHNSON, BARBARA	108 UNION ST.	TAMPA FL 33605
D	DAVIS, PRENTISS A	108 UNION ST.	TAMPA FL 33605
D	DAVIS, FRANCIS S	108 UNION ST.	TAMPA FL 33605
D	DAVIS, BENNIE	1801 ANASTASIA WAY SOUTH	ST. PETERSBURG FL 33712

8. Name and Address of Current Registered Agent

DAVIS, CLARENCE E SR.  
1801 ANASTASIA WAY SOUTH  
ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003818598--1

03/08/01 State 0128-039

\*\*\*300.00 FL \*\*\*300.00

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2-10-2001

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2001 (927) 867-5209  
Date Daytime Phone #

CR2E040 (8/00)

2002

**FATHERLAND MARKETING, INC.**

1801 Anastasia Way South  
St. Petersburg, FL 33712

December 30, 2000

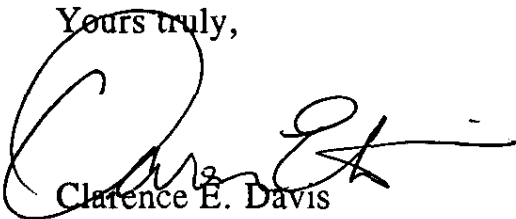
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
~~Tallahassee, FL 32314-6327~~

Dear Sir:

I am writing this letter for the purpose to ask for a one-time exemption. I did not receive a notice of renewal of my company. I am aware that this is not an acceptable excuse, however, this is the only one I have.

Please grant me this one-time exemption and I will never be late again.

Yours truly,



Clarence E. Davis  
President