

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000093317**

1. Corporation Name

**MCCALL MARKETING, INC.**

Principal Place of Business

2980 S. MCCALL RD.  
ENGLEWOOD FL 34224

Mailing Address

2980 S. MCCALL RD.  
ENGLEWOOD FL 34224

FILED  
02 OCT 29 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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

10/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0968799

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PALMA, MCCALL F	2980 SOUTH MCCALL RD	ENGLEWOOD FL 34224
D	MCCALL, JERRY	2980 SOUTH MCCALL RD	ENGLEWOOD FL 34224

200008639752  
10/29/02--01008--007 \*\*750.00

8. Name and Address of Current Registered Agent

MCCALL, PALMA  
2980 S. MCCALL RD.  
ENGLEWOOD FL 34224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Palma* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*Oct. 25, 2002*

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:

*Palma* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/25/02* (941) 473-1960

Daytime Phone #

*X 2002*

CR2E040 (8/02)