

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 10 AM 10:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093317

1. Corporation Name

McCall Marketing, Inc.

2. Principal Office Address - No P.O. Box #

2980 S. McCall Rd.

3. Mailing Office Address

12370 Placida Rd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Englewood

City & State

Placida, Florida

Zip

34224

Country

USA

Zip

33948

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 21, 1999

5. FEI Number

65-0968799

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

Palma McCall

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

12370 Placida Rd

Suite, Apt. #, Etc.

City

Placida

State

FL

Zip Code

33946

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Palma F. McCall

REGISTERED AGENT MUST SIGN

Date *Oct. 5, 2007*

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
S/D V/P P/D	Palma McCall	12370 Placida Rd	Placida

200110602312
10/10/07--01045--007 **1050.00

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 contained in Chapter 119, 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 F. McCall

Palma McCall

Oct. 5, 2007

941-662-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #