SE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine:Harris Secretary of State DIVISION OF CORPORATIONS

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APPLICAT	
FOR,	,- 1
REINSTATE	МЕЙТ
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Corporation Name	
REFER-PROM	IO MAR

P99000107055

RKETING, INC.

Principal Place of Business

Mailing Address

FILED

01 AUG 10 AN II: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



*ORLANDO-FL	HANDO-FL-32812. 1348 HOFFRER A			-	}				
	resses are incorrect in any way, line thr						. <u></u>	·····	
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 12/09/1999					
Suite, Apt. #, etc.				5. FEI Number Applied For					
City & State					75-26907// Not Applicable .				
Zip	Country (1-5-17)	Zip	Cou	intry	6. CERTIFICATE	E OF STATUS DESIRED		tional Fee required tificate of Status	
7. Names and	d Street Addresses of Each Officer and	or Director (Florida	nonprofit corp						
Title(s)	Name of Officers and/or Directors	3_		Street Address of Each Officer and/or Director					
PRES	Willie J. Dani	els 9	7517	HOLBROOM	K DR	oRland	10, FL	32817	
•			Suite	8	* 21	നന്നു	4759	26.	
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	8. Name and Address of Current	9. Name and Address of New Registered Agent							
Name III				Name	ie Janiela T				
RESTREPO, SYLVIA D Street Adv. Street Adv.				Straet Address (F	(P.O.) Box Number is Not Acceptable)				
ORLANDO FL 32812			•	Suite, Apr. #. Etc.					
	ppointed the registered agent of the ab-		on on familia		150		State Zip C	ode 28/7	
Signature of Registered Ac	gent Wille GNO	MULL SEGISTERED AGENT		WIRED	oligations of Section	•	23-0/		
this reinst owed by t	nat I am an officer or director or the rece atement application, the reason for diss the corporation have been paid and the oplication is true and accurate, and my s	olution has been elim names of individuals	ninated, the co ilisted on this	orporate name satisfies form do not qualify for	the requirements an exemption und	of section 607,0401 or	617.0401 F.S	that all fees	
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