

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01420

1. Corporation Name

Concepts Marketing Solutions Inc.

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

13190 56th Court

Suite, Apt. #, etc.

405

City & State

Clearwater, Florida

Zip

33760

Country

U.S.A.

3. Mailing Office Address

13190 56th Court

Suite, Apt. #, etc.

405

City & State

Clearwater, Florida

Zip

33760

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Gus Ibrahim

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

139 13th Ave. N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date October 28, 2009

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
P	KD Gus Ibrahim	139 13th Ave.	St. Petersburg, FL 33701
V	Luke Rothenberger	6301 3rd Avenue South	St. Petersburg, FL 33707
D	Gus Ibrahim	139 13th Ave.	St. Petersburg, FL 33701

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:

KD Gus Ibrahim

10/28/2009

727-531-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
09 OCT 29 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

08-09

000162313260
10/29/09--01034--017 **508.75
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/14/1990

5. FEI Number
593034813

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

11/30/09