## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V21789  1. Entity Almore FAIR MARKETING CORPORATION  05 DEC -7 AM 11: 33  05 DEC -7 AM 11: 34  05 DEC -7 AM 11: 34  05 DEC -	REINSTATEMENT		FILED	
Principal Place of Business 9964 ROBINS NEST RO 9964 ROBINS NEST RO 9964 ROBINS NEST RO 9964 ROBINS NEST RO 9964 ROBINS NEST ROB 9966 R			DIVISION OF CORPORATIONS	
9964 ROBINS NEST RO 9904 ROBINS NEST RO 9004 RATION, FL 33496  CDD 2 State			05 DEC -7 AM 11: 33	
BOCK RATION, FL. 33496  2. Proving lighter of Boundary  I. Marriag Address  Sulfa Cont. P.  Su	Principal Place of Business Mailing Address		<del>-</del>	
2. Proces Proces of Susures Sulfor Apr. #. etc.  Su				
Suite Act 1, etc.    Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite Cot 1, etc.   Suite				
City & State   A. FER Name and Address of Current Registered Agent   So. 73.16.262   So. 75. Additional Fee Propriet   So. 73.16.262   So. 75. Additional Fee Propriet   So. 75.	LAKE WORTH			
Serior Address of Current Registered Agent  Serior Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The affew named entity supmitted agent to be purposed of changing its registered diffice or registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered Agent significant registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered Agent significant registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered Agent significant registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered Agent significant registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered Agent significant registered agent, or both, in the State of Finds. In am agmitted with, and accept the changing of registered agent, or both, in the State of Finds. In am agmitted with a series of Finds. In am agmitted with a series of Finds and a series of Finds	Suite, Apt. #, etc. Suite, Apt. #, etc.	LE AST	11282005 REIN-P CR2E098 (6/04)	
Signatures of Current Registered Agent  FAIR, REINE J  Sircel Address (P.O. Box Number is Not Acceptable)  Sircel Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  6. The affew named entity supposed in the present of	City & State City & State			
FILE NOWIL FEE IS \$75.0.00  After January 1, 2006, Pee will be \$500.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   PS	Zio 26/2 Purtry Roll Zip	Country	5. Certificate of Status Desired S8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The althor named entity support the statement for the Sturpose of changing its registered agent, or both, in the State of Florids. B am familiar with, and accept the obligations of registered agent and its in acceptable)  FILE NOWILL FEET STS.0.00  After January 1, 2008, Fee will be \$900.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE. NWE SIRES ADDESS  GITH-ST-ZP  GITH-ST-	6. Name and Address of Current Registered Agent			
BOCA RATON, FL 33496  8. The above named entity supplied the statement for the Burpose of changing its registered office or registered agent, or both, in the State of Florida. If an familiar with, and accept the or objective of the originate Agent agent of the property of the originate Agent agent of the originate Agent of	FAIR RENE J	Name		
City  FL Zip Code  8. The advise named entity submit for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered office or registered agent and take appearance agent appearance agent and take appearance agent and take appearance agent and take appearance agent appearance		Street Address	(P.O. Box Number is Not Acceptable)	
B. The aptive named critity supmint this statement for between one of changing its registered affect or registered agent, or both, in the State of Florida. It may familiar with, and accept the obtogations of registered affect.    FILE HOWIII FEE IS \$750.00				
The obtagations of registered departs rained or inclusived appeal and the inclusions of registered departs about the inclusions of registered departs and the inclusions of the corporation or intercedure with the information of the corporation or intercedure with all offers or directors or intercedures. What is a fine to compose the composition of the corporation or intercedure with all offers or directors or intercedures. What is a fine does not causely for the composition or intercedure with all offers or directors or intercedures. What is a fine does not causely for the composition or intercedure with all other or directors or intercedures. What is a fine does not causely for the composition or intercedure with all other or directors. What is a fine does not causely for the composition or intercedures. What is a fine does not causely for the composition or intercedure with all other or directors. What is a fine does not causely for the composition or intercedure with all offers or directors. What is a fine does not causely for the composition or intercedure with all offers or directors. What is a fine does not causely for the composition or intercedure or intercedures. What is a fine does not causely for the examples of the composition or intercedure or intercedures. What is a fine does not causely for the examples of the composition or intercedure or intercedures. What is a fine doe under cause, that if an officer or director or the cooperation or intercedure or intercedures. What is a fine to ompowered.	X	'	F⊾∣∵	
FILE NOWITH FEE IS \$750.00  After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PS	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent.			
FILE NOWIII FEE IS \$750.00  After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE   PS   Change   Addition   NME   SIRES ADDESS   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Delete   ITTLE   Change   Addition   NME   SIRES ADDESS   CITY-ST-2P    ITTLE   Change   Addition   NME   Change   Change   Additio				
After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS	Signature, typed or profit of name of registered agent and true if applicable. (NOTE: Registered Agent alignature required when reinstating)			
TITLE NAME STREET ADDRESS CITY-ST-ZP BOCA RATON, FL 33496  CITY-ST-ZP BOCA RATON, FL 33496  CITY-ST-ZP	After January 1, 2006, Fee will be \$900.00			
MAKE SIREET ADDRESS OCTY-ST-ZIP  ITILE NAME SIREET ADDRESS OCTY-ST-ZIP  OCTY-ST-ZIP  ITILE NAME SIREET ADDRESS OCTY-ST-ZIP  OCTY-ST-ZIP  OCTY-ST-ZIP  OCTY-ST-ZIP  OCTY-ST-ZIP				
CITY-ST-ZIP  ITILE  MAME STREET ADDRESS CITY-ST-ZIP  CHARGE ADDRES	NAME FAIR, RENE J	NAME	Crimingo - Adultion	
NAME SIREET ADDRESS CITY-ST-ZIP  ITILE MAME SIRET ADDRESS CITY-ST		P		
STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET	Build		☐ Change ☐ Addition	
TITLE  MAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delet	STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP    CITY-ST-ZIP			Change. Addition	
CITY-ST-ZIP    CITY-ST-ZIP	NAME	NAME	12/07/05-01140-002 03/50 00	
NAME STREET ADDRESS CITY-ST-ZIP  DILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete STREET ADDRESS CITY-ST-ZIP  TO Delete STREET ADDRESS STREET	1			
STREET ADDRESS CITY-ST-ZIP    Delete	Delicie		☐ Change ☐ Addition	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ID seetumpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.  SIGNATURE:	1	STREET ADDRESS		
NAME SIREET ADDRESS CITY-ST-ZIP  LILE NAME SIREET ADDRESS CITY-ST-ZIP  LILE NAME SIREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fu		-4	☐ Change ☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ID seetumpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.  SIGNATURE:	\ \ \ \		_ , _	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 10 steelering owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.  SIGNATURE:		* * * * * * * * * * * * * * * * * * * *		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or I pseetering owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a laddress, with all other like empowered.  SIGNATURE:	)     Delete	1	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ID seeterm owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a laddress, with all other like empowered.  SIGNATURE:				
SIGNATURE: 12/55 488-7471				
SIGNATURE: 12/55 488-7471	of the corporation or the receiver or it by teelempowered to execute this report changed, or on an attachment with an address, with all other like empowered.	ry signature shall have the as required by Chapter 60	7. Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE AND THE DO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dail Dayline Phone #			12/1/5 56/- 7071	
	SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER	DIRECTOR	Dati Daytime Phone #	

Fair Marketing Corporations 6372 Shadow Tree Lane Lake Worth, FL 33463 December 3, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations

Please reinstate Fair Marketing Corporation at the renew rate of \$150.00. The renew notice that was sent in the mail was not received due to an address change.

Sinderely

Renewialr, President

RF

PIKASIS CHANGE AII MAILING ADDRESS TO 6372 SHODOW TREE LANE LAKE WORTH, FI. 32463