


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 AM 11:33

DOCUMENT # V21789		
1. Entity Name FAIR MARKETING CORPORATION		

Principal Place of Business 9964 ROBINS NEST RD BOCA RATON, FL 33496	Mailing Address 9964 ROBINS NEST RD BOCA RATON, FL 33496
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2. Principal Place of Business 6372 SHADOW TREE LANE LAKE WORTH	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FL	City & State SAME AS
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Zip 33463	Country PALM BEACH	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FAIR, RENE J 9964 ROBINS NEST ROAD BOCA RATON, FL 33496	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 12/5/5
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FAIR, RENE J 9964 ROBINS NEST ROAD BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered 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 an address, with all other like empowered.

SIGNATURE: _____ DATE 12/5/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-488-7471

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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.

Sincerely

Rene Fair, President

RF

PLEASE CHANGE ALL
MAILING ADDRESS
TO 6372 SHADOW
TREE LANE
LAKE WORTH, FL.
33463