

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:26

**DOCUMENT # V49112**

1. Corporation Name

**S.B. MARKETING WORLDWIDE, INC.**

Principal Place of Business

Mailing Address

3400 MCINTOSCH ROAD  
BLDG. A BAY 12  
FT LAUDERDALE FL 33316

PO BOX 165116  
FT LAUDERDALE FL 33316



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/02/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-5207515	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCOTT, RODNEY	1086 S.W. 158 WAY	PEMBROKE PINES FL 33027

688803473406--5  
-11/21/00--01101--011  
\*\*\*\*750.00 \*\*\*\*750.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, RODNEY  
1086 S.W. 158 WAY  
PEMBROKE PINES FL 33027

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Handwritten signature of Rodney Scott*

Date

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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:

*Handwritten signature of Rodney Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.31.00

Date

Daytime Phone #

(954) 767 8800

CR2E040 (8/00)