

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
59 AUG -2 PH 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H02001  
1. Corporation Name  
NATIONAL MARKETING CONCEPTS, INC.

Principal Place of Business Mailing Address  
4340 S. PADRE ISLAND DR. P.O. BOX 81227  
CORPUS CHRISTI TX 78411 CORPUS CHRISTI TX 78468



REINSTATEMENT 08-99

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
05/03/1984

5. FEI Number  
59-2696763  
Applied For  
Not Applicable

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

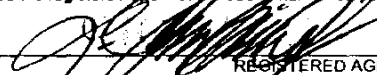
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PVP	GREEN, CARTER K.	4509 GRAND LAKE	CORPUS CHRISTI TX
STD	GREEN, DIANE U.	4509 GRAND LAKE	CORPUS CHRISTI TX

800002959638--6  
-08/13/99--01094--001  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent  
BROIDA, JOEL D. ESQ.  
605 75TH AVENUE  
ST. PETERSBURG BEACH FL 33706

9. Name and Address of New Registered Agent  
Name L. JOHN GUERIN, JR  
Street Address (P.O. Box Number is Not Acceptable)  
1042 MAIN ST  
Suite, Apt. #, Etc. SUITE # 204  
City DUNEDIN State FL Zip Code 34698

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:  REGISTERED AGENT MUST SIGN Date 7-23-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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:  Carter K. Green 7/26/99 361-851-1145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E(40) (9/98)