

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 25 AM 10:48

DOCUMENT # P95000031929

1. Corporation Name

Broadcast Marketing Group, Inc

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

9992 SE 151 Place

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 117

Suite, Apt. #, etc.

City & State

Summerfield, Florida

City & State

Candler, Florida

Zip

33491

Country

USA

Zip

32111

Country

USA

700182621167  
06/25/10--01027--011 \*\*1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R H Alvarez

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

9992 SE 151 Place

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

33491

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

*RH Alvarez*

REGISTERED AGENT MUST SIGN

Date June 23, 2010

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
PD	RH Alvarez	9992 SE 151 Place	Summerfield, FL 33491

*B 6/30/10*

REINSTATEMENT 08-10

10. E-mail Address: omegafdn@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

*R. H. Alvarez*

RH Alvarez

June 23, 10

tel 386 467 2030