


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W05000030430

FILED
05 JUN 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0200000128

1. Corporation Name
TCG Marketing Inc

2. Principal Office Address 925 N Grand Ave., Suite, Apt. #, etc.		3. Mailing Office Address 925 N Grand Ave, Suite, Apt. #, etc.	
City & State Covina, CA		City & State Covina, CA	
Zip 91724	Country LA	Zip 91724	Country LA

4. Date Incorporated or Qualified To Do Business in Florida 04-18-1996

5. FEI Number 880358780	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

03-05

7. Name and Address of Current Registered Agent

Name
Florida Filing & Search Services, Inc

Street Address (P.O. Box Number is Not Acceptable)
1333 North Duval St.,

Suite, Apt. #, Etc.

City
Tallahassee,

State
FL

Zip Code
32303

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 *Abbe P. Hodge* Date _____

REGISTERED AGENT MUST SIGN

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
Preside	Anne Gelvin	925 N Grand Ave.,	Covina, CA 91724
			000056613760 06/28/05--01040--007 **750.00
			000056613760 06/28/05--01040--008 **300.00
			000056613760 06/28/05--01040--009 **8.75

10. 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: *Abbe P. Hodge* **6/17/05** **626-966-0083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (0-1/05)