

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 19 PM 4:08
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P0100000970

Global Medical Marketing, Inc.

2. Principal Office Address
7224 Hillside Drive

Suite, Apt. #, etc.
Suite 5

City & State
Hollywood, CA

Zip Country
90046 USA

3. Mailing Office Address
7224 Hillside Drive

Suite, Apt. #, etc.
Suite 5

City & State
Hollywood, CA

Zip Country
90046 USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/3/01

5. FEI Number 65-1081054
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
Gary D. Lipson

Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 1500

City
Orlando

State Zip Code
FL 32801

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 _____
REGISTERED AGENT MUST SIGN

Date 8/16/05

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
D/P	David Livingston	7224 Hillside Drive, Suite 5	Hollywood, CA 90046

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/15/05 Daytime Phone # _____

CR2E081 (07/05)

WINDERWEEDLE, HAINES,
WARD & WOODMAN, P.A.

ATTORNEYS AT LAW

MAIN TELEPHONE (407) 420-4246
WWW.WHWW.COM

Please Reply To:
Orlando

Gary D. Lipson
Direct Dial: (407) 246-6577

August 16, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Global Medical Marketing, Inc.
Document No. P01000000970

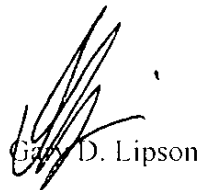
Gentlemen/Ladies:

Enclosed please find a fully executed Corporation Reinstatement form for Global Medical Marketing, Inc. This corporation was administratively dissolved in 2003.

The corporation did not receive an Annual Report form from the Division of Corporations for 2003 or any subsequent year. Therefore, enclosed please find a check in the amount of \$450.00 covering the years 2003 through 2005.

Should you require any additional information or have any questions, please feel free to contact the undersigned.

Sincerely,



Gary D. Lipson

GDL:ash
Enc.

ORLANDO, FLORIDA
1500 BANK OF AMERICA CENTER
390 NORTH ORANGE AVENUE (ZIP 32801)
POST OFFICE BOX 1391 (ZIP 32802-1391)
FAX (407) 423-7014

WINTER PARK, FLORIDA
FIFTH FLOOR, BANK OF AMERICA BUILDING
250 PARK AVENUE, SOUTH (ZIP 32789)
POST OFFICE BOX 880 (ZIP 32790-0880)
FAX (407) 645-3728