PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119590

1. Corporation Name

1 BAYOU MARKETING GROUP INC. REINSTATEMENT 02

800008866738
11/07/02--01053--004 **750.00

2. Principal Office Address	**3.** Mailing Office Address
640 ORANGE ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR FL.	City & State
Zip: 34683 Country: PINELLAS	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/2001

5. FEI Number: 59-3513420 ☐ 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: NORMAN CULLEN
Street Address (P.O. Box Number is Not Acceptable): 640 ORANGE ST
Suite, Apt. #, Etc.:
City: PALM HARBOR State: FL Zip Code: 34683

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: N. Cullen Date: 11/04/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	NORMAN CULLEN JR.	640 ORANGE ST	PALM HARBOR FL 34683
D	SHANNA CULLEN	640 ORANGE ST	PALM HARBOR FL 34683
D	NORMAN CULLEN SR.	640 ORANGE ST	PALM HARBOR FL 34683

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: N. Cullen N. NORMAN CULLEN 11/04/2002 727-365-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 11/14/02