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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS | 04 FEB -9 PM 1:52 |
|--|---|--|
| DOCUMENT # P95000062756 1. Corporation Name | | SECRETARY OF STATE TALLAMASSFIE FLORIDA TOBLING TO TOBLING 77-64 |
| GALLAGHER PROMOTIONAL PRODUCTS, INC. | | 800028414298 02/09/0401056013 **158.75 |
| 2. Principal Office Address 1355 Bennett Drive | 3. Mailing Office Address Same | 800028414298 02/09/0401056012 **150.00 |
| Suite, Apt. #, etc. Unit 269 | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida |
| City & State Longwood, Florida | City & State | 8/15/1995 5. FEI Number Applied For |
| Zip 32750 Country U.S.A. | Zip Country | 59-3337163 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$38.75 Additional Fee required for a Certificate of Status |
| Name | 7. Name and Address of Current Re | gistered Agent |
| WILLIAM H. MORRISO Street Address (P.O. Box Number is N 7100 South U.S. Hi Suite, Apt. #, Etc. City Fern Park | ot Acceptable) | State Zip Code FL 32730 |
| Signature of Registered Agent | ve named corporation, am familiar with and accept | the obligations of section 607.0505 or 617.0503, F.S. Date |
| 9. Names and Street Addresses of Each Officer and | | |
| Titles Name of Officers and/or Directors | Street Address o Officer and/or D | |
| Pres. & Ken Smart Treasurer | 122 Bayberry Rd | Altamonte Springs, FL 32714 |
| Secretary Kelly Smart | 122 Bayberry Rd | . Altamonte Springs, FL 32714 |
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| 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 DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | |

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BALDWIN & MORRISON, P. A.

ATTORNEYS & COUNSELLORS AT LAW 7100 SOUTH U. 5. HIGHWAY 17-92

FERN PARK, FLORIDA 32730-2092

JOHN A. BALDWIN WILLIAM H. MORRISON CHRISTOPHER H. MORRISON

January 27, 2004

TELEPHONE
(407) 834-1424
FAX
(407) 834-4845

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Gallagher Promotional Products, Inc.

Ladies/Gentlemen:

Please find enclosed the following documents:

- 1) Corporation Reinstatement form together with a check in the amount of \$158.75 representing \$150.00 for filing the annual report for 2003 and \$8.75 for a certified copy;
- 2) Uniform Business Report together with a check in the amount of \$150.00 representing the fee for filing the annual report for 2004.

I specifically request that you reinstate this corporation.

Unfortunately, the corporation changed its address in 2001 and, for some unknown reason the Annual Report Form that was mailed to the corporation was not received either by the undersigned as the registered agent or by the corporation.

Your favorable handling of this matter will be greatly appreciated.

Sincerely,

William H. Morrison

WHM/lk Enclosures