FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JAN 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200086167302
01/25/07--01004--001 **1050.00

REINSTATEMENT 05-07

CR2E081 (12/05)

DOCUMENT # P96000024079

1. Corporation Name

JIMSHARE MARKETING, INC.

2. Principal Office Address	3. Mailing Office Address
750 W. Lumsden Road	P.O. Box 6067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Tyler, TX
Zip: 33511 Country: U.S.A.	Zip: 75711 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/1996

5. FEI Number: 59-3405061 ☐ 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: Clifton C. Curry, Jr.

Street Address (P.O. Box Number is Not Acceptable): c/o Curry Law Group, P.A., 750 West Lumsden Road

Suite, Apt. #, Etc.

City: Brandon State: FL Zip Code: 33511

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 _____ Date 01/10/07

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
PDM	James E. Votour	8306 Crooked TRL	Tyler, TX 75703
VPDM	Sharon Votour	8306 Crooked TRL	Tyler, TX 75703

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 contained in Chapter 119, 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.

(866)

SIGNATURE: James E. Votour PRESIDENT 01/10/07 509-2700

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

1/18 cw