2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000024145

FILED Jul 20, 2007 Secretary of State

Entity Na	me: T-LITE MAF	RKETING GROUP, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
270 VININGS WAY BLVD BLDG 4 UNIT 105 DESTIN, FL 32541				709 MAIN ST DESTIN, FL 32541			
Current M	lailing Address:	:	New Maili	New Mailing Address:			
270 VININGS WAY BLVD BLDG 4 UNIT 105 DESTIN, FL 32541			981 HWY 98 W SUITE 3, BOX 404 DESTIN, FL 325412525 WT				
FEI Number	:	FEI Number Applied For (X)	FEI Number Not App	licable ()	Certific	ate of Status Desired ()	
Name and	l Address of Cu	Name and	Name and Address of New Registered Agent:				
1221 AIRÉ SUITE 209 DESTIN, F	9 FL 32541 US	bmits this statement for the p	urpose of changing i	its registere	d office or :	registered agent, or both,	
	e of Florida.						
SIGNATU	RE: JOSEPH M	<u> </u>					
		Signature of Registered Age				Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notic	e.			
OFFICER	S AND DIRECTO	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () D WILLIAMS, BRIAN 270 VININGS WA' DESTIN, FL 3254	N Y BLVD BLDG 4 UNIT 105	Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	PRES WILLIAMS, 709 MAIN S DESTIN, FL	Т	(X) Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	CFO CARLOZZI, 56 CEDAR I FREEPORT	PLACE	(X) Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D HASKINS, B 12301 N GR THORNTON	ANT, SUITE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA CARLOZZI CFO 07/20/2007