

To: +1 (850) 205-0384
Subject:

From: Patricia Tadlock

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000003446			
1. Corporation Name Market Gear, Inc			
2. Principal Office Address 3251 Shell Mound Blvd		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft Myers Beach, FL		City & State	
Zip 33931	Country USA	Zip	Country

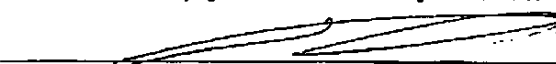
REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 08/28/2001	
5. FEI Number 651109796	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 NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite, Apt. #, Etc. Suite 4	
City Weston	State FL
Zip Code 33331	

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 		Paul J. Hagan, Assistant Secretary	
		Date 12/22/2006	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Tim Lin	3251 Shell Mound Blvd	Ft Myers Beach, FL 33931
Secretary	Ronnie Masheck	3251 Shell Mound Blvd	Ft Myers Beach FL, 33931

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.	
SIGNATURE: 	Tim Lin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date 12/20/06 Daytime Phone # 561-703-7151	

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12/26/06