

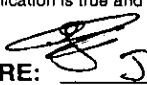


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILE 05 AUG 31 PM 9:2 SEM FALL	
<b>DOCUMENT #</b> F01000005068					
<b>1. Corporation Name</b> INTEGRATED MARKETING COMMUNICATIONS/ INC					
<b>2. Principal Office Address</b> 4320, Gulf Shore Blvd North		<b>3. Mailing Office Address</b> SAME		<b>800059382978</b> 09/07/05--01016--007 **1050.00	
Suite, Apt. #, etc. #210		Suite, Apt. #, etc.			
City & State NAPLES, Florida		City & State			
Zip 34103	Country USA Collier County	Zip	Country		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Sept 27 <sup>th</sup> 2001				<b>5. FEI Number</b> 66-05-72-939	
				<input type="checkbox"/> <b>6. CERTIFICATE OF STATUS DESIRED</b> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name Jean-charles B. GRENON-ANDRIEU					
Street Address (P.O. Box Number is Not Acceptable) 751, 96 <sup>th</sup> Avenue North					
Suite, Apt. #, Etc.					
City NAPLES				State FL	Zip Code 34108
<b>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.</b>					
Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b> Date August 27, 05.					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P President	Jean-charles Grenon-Andrieu	751, 96 <sup>th</sup> Avenue North		NAPLES, FL 34108	
V Vice President	Fabrice Charbonneau	251, AAROUR Garden Ave		Las Vegas, NV 89148	
<b>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.</b>					
<b>SIGNATURE:</b>  Jean-charles B. Grenon-Andrieu				Date (239) 263 3808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E081 10/1/05