
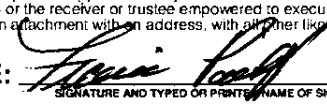


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 29 PM 2:57

DOCUMENT # F03000002247					
1. Entity Name JUST IN TIME MARKETING, INCORPORATED					
Principal Place of Business C/O B. FELDMAN 114 OLD COUNTRY ROAD MINEOLA, NY 11501			Mailing Address C/O B. FELDMAN 114 OLD COUNTRY ROAD MINEOLA, NY 11501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11192004 REIN-P CR2E098 (6/04) 4. FEI Number 11-3497526 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAIKOFF, FRANCINE 812 FIELD BROOK COURT BRADENTON, FL 34212			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	800043042778 11/29/04--01058--007 **158.75	
NAME	PAIKOFF, FRANCINE		NAME		
STREET ADDRESS	812 FIELD BROOK COURT		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAIKOFF, MARTIN		NAME		
STREET ADDRESS	7220 WESTPOINTE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAIKOFF, NICOLE		NAME		
STREET ADDRESS	236 EAST 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAIKOFF, JENNIFER		NAME		
STREET ADDRESS	215 EAST 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			FRANCINE PAIKOFF Pres. 11/24/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date		

12/1/05