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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000003367

1. Corporation Name

cip marketing corp.

REINSTATEMENT

CR2E081 (1/07) 06-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5055 N. Greeley Avenue	5055 N. Greeley Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Portland, OR	City & State: Portland, OR
Zip: 97217 Country: USA	Zip: 97217 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: June 8, 2005

5. FEI Number: 20-0629816 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: CT Corporation System By: Marie Edwards Marie Edwards Asst. Secretary Date: 11/2/07

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
P	Karl-Heinz Kratzer	5055 N. Greeley Avenue	Portland, OR 97217
V	Rüdiger Gleichmann	5055 N. Greeley Avenue	Portland, OR 97217
M	Oliver Fehl	5055 N. Greeley Avenue	Portland, OR 97217
S	Stefan-M. Tiessen	1230 Peachtree Street, Suite 3100	Atlanta, GA 30309

10. I certify that I am an officer or director or the manager 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: O. Fehl OLIVER FEHL 11/1/2007 971-234-4166

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

CG Williams NOV - 5 2007

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CIP MARKETING CORP.

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