

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2009
Secretary of State**

DOCUMENT# F08000003418

Entity Name: MARKET STRATEGIES, INC.

Current Principal Place of Business:

20255 VICTOR PKWY #400
LIVONIA, MI 48152

New Principal Place of Business:

17430 COLLEGE PARKWAY
LIVONIA, MI 48152

Current Mailing Address:

20255 VICTOR PKWY #400
LIVONIA, MI 48152

New Mailing Address:

17430 COLLEGE PARKWAY
LIVONIA, MI 48152

FEI Number: 38-2882316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHAEL PETERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, JANICE
Address: 20255 VICTOR PKWY #400
City-St-Zip: LIVONIA, MI 48152

Title: VCEO () Delete
Name: MORRISON, ANDREW
Address: 20255 VICTOR PKWY #400
City-St-Zip: LIVONIA, MI 48152

Title: ST () Delete
Name: GIROUX, PHILIP
Address: 20255 VICTOR PKWY #400
City-St-Zip: LIVONIA, MI 48152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP GIROUX

ST

10/19/2009

Electronic Signature of Signing Officer or Director

Date