PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F

F93000002523

FILED

05 FEB 21 PM 2: 31

			SE(TALL	CRETARY OF ST. AHASSEE, FLOI	ÁTÉ RIDA
Principal Office Address 14 Ave of the Americas 1,4 Ave of the Americas 2,4 Apt. #, etc. 3. Malling Office Address 1114 Ave of the Americas Suite, Apt. #, etc. 19th Floor		REINSTATEMENT AS A			
		4. Date Incorporated or Qualified			MOT
City & State New York, NY			To Do Business in Florida 5 - 28 - 93 5. FEI Number 03 - 0295702		
Zip 10036	Country New York	6.			Not Applicable dditional Fee required Certificate of Status
7. Name and	4 Address of Current Regis	stered Agent		<u>. </u>	
Company Not Acceptable)			State FL	Zip Code 32301	
Brian (Courtney	ne obligations of section	n 607.056 Date	05 or 617.0503, F.S.	5
and/or Director (Florida nonpre	ofit corporations must list a	at least 3 directors)			
rs				City / State / Z	Lip .
LIST					
		40	004	1599417	4
			. = = =		
	Suite, Apt. #, etc. 19th Floor City & State New York, NY Zip 10036 7. Name and A Company Not Acceptable) Dove named corporation, am Brian (Asst. V REGISTERED AGENT MUS and/or Director (Florida nonpress	Suite, Apt. #, etc. 19th Floor City & State New York, NY Zip 10036 Country New York 7. Name and Address of Current Registry Company Not Acceptable) Dove named corporation, am familiar with and accept the Brian Courtney Ast. V. Pres. REGISTERED AGENT MUST SIGN Ind/or Director (Florida nonprofit corporations must list and compositions) Street Address of English of Street Address of	Suite, Apt. #, etc. 19th Floor City & State New York, NY Zip 10036 Country New York 7. Name and Address of Current Registered Agent Company Not Acceptable) Dove named corporation, am familiar with and accept the obligations of section Brian Courtney Asst. V. Pres. REGISTERED AGENT MUST SIGN Indier Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director LIST	3. Mailing Office Address 1114 Ave of the Americas Suite, Apt. #, etc. 19th Floor City & State New York, NY Zip 10036 Country New York 7. Name and Address of Current Registered Agent Company Not Acceptable) State FL Pres. Date REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director LIST Suite, Apt. #, etc. 4. Date Incorporated or To Do Business in File CERTIFICATE OF STATE CERTIFICATE OF STATE State FL S	Suite, Apt. #, etc. 19th Floor City & State New York, NY Zip 10036 To Do Business in Florida 5 - 28 - 93 Security 10036 To Do Business in Florida 5 - 28 - 93 Security 10036 To Do Business in Florida 5 - 28 - 93 Security 10036 To Do Business in Florida 5 - 28 - 93 Security 10036 CERTIFICATE OF STATUS DESIRED Security 10036 State FL Zip Code 32301 State FL Zip Code 32301 State Pres. Date Date Other Asst. V Pres. Date Street Address of Each Officer and/or Director City / State / Zip Code 325 / Other Asst. V Pres. Street Address of Each Officer and/or Director City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 325 / Other Asst. V Pres. City / State / Zip Code 327 / Other Asst. V Pres. City / State / Zip Code 327 / Other Asst. V Pres. City / State / Zip Code 327 / Other Asst. V Pres. City / State / Zip Code 327 / Other Asst. V Pres.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb \ 2005

212-704-1367

Date

Daytime Phone #

293

MOMENTUM IMC COMPANY

OFFICERS

J Chris Weil President 1114 Avenue of the Americas, New York NY 10036 /Ellen Johnson VP & Treasurer 1114 Avenue of the Americas, New York NY 10036 y Nicholas Camera VP & Secretary 1114 Avenue of the Americas, New York NY 10036 ✓ Albert Conte **VP-Taxes** 1114 Avenue of the Americas, New York NY 10036 ✓ Marjorie M. Hoey VP & Asst. Sec. 1114 Avenue of the Americas, New York NY 10036 1114 Avenue of the Americas, New York Simon Marlow Asst. Sec. NY 10036 **DIRECTORS**

Chris Weil

1114 Avenue of the Americas, New York NY 10036

Nicholas Camera

1114 Avenue of the Americas, New York NY 10036

Simon Marlow

1114 Avenue of the Americas, New York NY 10036

William Kolb

1114 Avenue of the Americas, New York NY 10036



ACCOUNT NO. : 072100000032

REFERENCE :

181795

AUTHORIZATION :

COST LIMIT : \$ 1200.00

ORDER DATE: February 2, 2005

ORDER TIME : 2:03 PM

ORDER NO. : 181795-015

CUSTOMER NO: 4349124

CUSTOMER: Ms. Kelly Leahy

The Interpublic Group Of

18th Floor

1114 Avenue Of The Americas

New York, NY 10036

REINSTATEMENT

NAME: MOMENTUM IMC COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS