


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

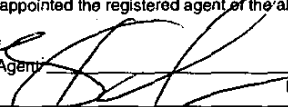
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> F96000005976			
<b>1. Corporation Name</b> MED ONE MARKETING, INC.			
<b>2. Principal Office Address</b> 6965 Union Park Center Suite, Apt. #, etc. Suite 400 City & State Midvale, UT Zip 84047		<b>3. Mailing Office Address</b> 6965 Union Park Center Suite, Apt. #, etc. Suite 400 City & State Midvale, UT Zip 84047	
Country USA		Country USA	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 27 PM 3:37

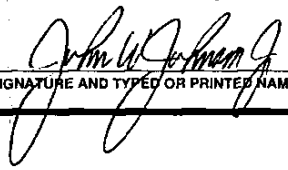
**REINSTATEMENT** 02-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/15/1996	
<b>5. FEI Number</b> 87-0502004	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
	Zip Code 32301

<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>Brian Courtney</b> Asst. V. Pres. Date 8/27/04

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
President	Larry R. Stevens	6965 Union Park Center, Suite 400	Midvale, UT 84047
Vice President	John W. Johnson, Jr.	6965 Union Park Center, Suite	Midvale, UT 84047
EVOP.	Brent H. Allen	6965 Union Park Center, Suite 400	Midvale, UT 84047
			700040539417

<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> 	<b>John W. Johnson, Jr.</b> Vice President	<b>Date</b> 7/19/2004	<b>Daytime Phone #</b> 801-566-6433

CR2081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 814990 4728210

AUTHORIZATION :

COST LIMIT : \$ 1050.00

*Patricia Pizutto*

ORDER DATE : July 21, 2004

ORDER TIME : 12:59 PM

ORDER NO. : 814990-075

CUSTOMER NO: 4728210

CUSTOMER: Richard H. Madsen, II  
Ray, Quinney & Nebeker  
Suite 1400  
36 South State Street  
Salt Lake City, UT 84111

REINSTATEMENT

NAME: MED ONE MARKETING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
04 AUG 26 PM 2:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA