PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 12 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F97000000820

1. Corporation Name

INMARK, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
1711 W County Rd B	900 Comerica Bldg
Suite, Apt. #, etc.: Ste 330N	Suite, Apt. #, etc.:
City & State: Roseville MN	City & State: Kalamazoo MI
Zip: 55113 Country: USA	Zip: 49007 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1997

5. FEI Number: 111807097 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edwin F. Blanton

Street Address (P.O. Box Number is Not Acceptable): 825 Thomasville Road

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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: _____ Date: 7/9/01

REGISTERED AGENT MUST SIGN

CR2E098 (9/00)

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
Dir, P, S	Willie Gray	1711 W County Rd, B, #330N	Roseville, MN 55113
Dir, VP CFO	Jim Holmquist	1711 W County Rd, B, #330N	Roseville, MN 55113
			LS

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: _____ James Holmquist 6/7/01 651-649-3575

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