

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

98-00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> H79510			
<b>1. Corporation Name</b> Hidden River Marketing Group, Inc.			
<b>2. Principal Office Address</b> 16401 Avila Blvd. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P. O. Box 981 Suite, Apt. #, etc.	
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL	
<b>Zip</b> 33613	<b>Country</b> US	<b>Zip</b> 33601	<b>Country</b> US

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/7/85	
<b>5. FEI Number</b> 59-2610943	<b>Applied For</b> 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>		
<b>Name</b> R. James Robbins, Jr.		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 101 E. Kennedy Blvd.		
<b>Suite, Apt. #, Etc.</b> Suite 3700		
<b>City</b> Tampa	<b>State</b> FL	<b>Zip Code</b> 33602

**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

*[Signature]*

Date 10/17/00

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/D/S	Joseph W. Taggart	16401 Avila Blvd.	Tampa, FL 33613

**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. 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

10-10-00

Date

813-979-8600

Daytime Phone #