PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	07 DEC 13 PM 2:49
DOCUMENT # LOT 00008681 1. Limited Liability Company's Name EMPACT MARKETING GROUP LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 4700 Millenia Blvd Suite, Apt. #, etc. STE # 175 City & State ORLANDO, FLORIDA Zip Country 33839 USA	3. Mailing Office Address 15048 SPINNAMER COVE LANE Suite, Apt. #, etc. City & State Winter Garden FLorick Zip Country 34787 USA	4 111 1 32 1 73 4 12/18/07-01016-002 ***200.00 CR2E041 (1/07) 4. State/Country of Formation FLo2\OA/USA 5. Date Organized or Qualified To Do Business in Florida 05/29/2001 6. FEI Number
Name AWRENCE D. Ellis Street Address (P.O. Box Number is Not Acceptable) ISO48 SPINNAKER COVE LANE Suite, Apt. #, Etc. City WINTER GARDEN State Zip Code FL 34787 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
Signature of Registered Agent Agent Signature of REGISTERED AGENT MUST SIGN Date 12/12/07		
Titles Name of Managing Members/Manage Name of Managing Members/Manage	Street Address of Each Managing Member/ Mana	
MGRM Timothy C. Park MGRM LAWRENCE D. Elli		CHIGAGO, THINOIS GOGOT! LANE WINTER GARDEN, FL 34787
R	EINSTATEMENT	04-07
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage Date 12/12/07 Daytime Phone # (407) 431-6/25 Typed or printed name of signing Managing Member/Manager		