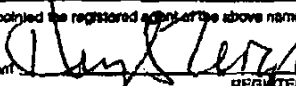
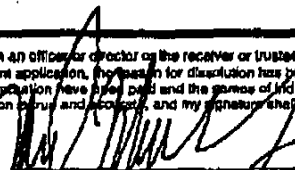


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L81468					
1. Corporation Name The OMNI Partners, Inc.					
2. Principal Office Address 2600 Lake Lucien Drive			3. Mailing Office Address same as principal office		
Suite, Apt. #, etc. Suite 410			Suite, Apt. #, etc.		
City & State Maitland, FL			City & State		
Zip 32751	Country USA	Zip	Country	4. Date incorporated or Qualified To Do Business in Florida June 15, 1990	
5. FEI Number 650214176				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				SR 75 Authority of fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Stephen E. Lerch					
Street Address (P.O. Box Number is Not Acceptable) 2600 Lake Lucien Drive					
Suite, Apt. #, Etc. Suite 410					
City Maitland, FL 32751					
State FL					
Zip Code 32751					
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 June 7, 2005	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CFO	Stephen E. Lerch	2600 Lake Lucien Drive, Suite 410		Maitland, FL 32751	
CEO	Michael Mullarkey	2600 Lake Lucien Drive, Suite 410		Maitland, FL 32751	
10. I certify that I am an officer or director of 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 118.07(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: 		Michael Mullarkey, CEO		Date June 7, 2005 847-902-1084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

W05000153722 3

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

THE OMNI PARTNERS, INC.

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