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FILED
05 JUN 22 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

04-05

T. Roberts JUN 22 2005

2. Principal Office Address	3. Mailing Office Address
2600 Lake Lucien Drive	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 ☐ $30.00 Additional Fee required for a Certified 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 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: June 7, 2005

CR2E051 (01/04)

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
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 reorganized corporation 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: [signature] Michael Mullarkey, CEO June 7, 2005 847-902-1084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00