2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L81468

Entity Name: THE OMNI PARTNERS, INC.

FILED Nov 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2600 LAKE LUCIEN DRIVE 485 N KELLER RD

STE 410 STE 500

MAITLAND, FL 32751 MAITLAND, FL 32751 US

Current Mailing Address: New Mailing Address:

2600 LAKE LUCIEN DRIVE 485 N KELLER RD

STE 410 STE 500 MAITLAND, FL 32751 US MAITLAND, FL 32751 US

FEI Number: 65-0214176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAY, MARKELL D STACEY, GAMBEL J 2600 LAKE LUCIEN DRIVE 485 N KÉLLER RD STE 500 STE 410

MAITLAND, FL 32751 US MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STACEY GAMBEL 11/11/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete JAY, MARKELL D MULLARKEY, MICHAEL Name: Name: 2600 LAKE LUCIEN DRIVE STE 410 Address: 485 N KELLER RD Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: CEOP (X) Delete Title: () Change () Addition

Name: STEVE. PURELLO Name: 2600 LAKE LUCIEN DRIVE STE 410 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MULLARKEY CEO 11/11/2009