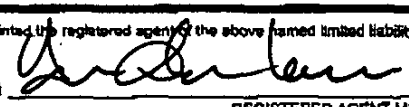
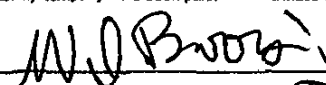


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF STATE
CORPORATIONS
06 JUL 21 AM 11:19

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M01000000373					
1. Limited Liability Company's Name DIRECT MARKETING SERVICES, LLC					
2. Principal Office Address 3230 PARKWAY		3. Mailing Office Address 3230 PARKWAY		4. State/Country of Formation TN	
Suite, Apt. #, etc. E-1		Suite, Apt. #, etc. E-1		5. Date Organized or Qualified To Do Business in Florida 02/15/01	
City & State PIGEON FORGE, TN		City & State PIGEON FORGE, TN		6. FEI Number 621695048	
Zip 37863	Country U.S.A.	Zip 37863	Country U.S.A.	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name COVE & ASSOCIATES, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH 21ST AVENUE					
Suite, Apt. #, Etc.					
City HOLLYWOOD				State FL	Zip Code 33020
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent 				Date 7/13/06	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	DOUG BROOKS	3230 PARKWAY E-1		PIGEON FORGE, TN 37863	
				400078270704	
				08/02/06 01033 012 **250.00	
				REINSTATEMENT 04-06	
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 608.408, 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/Manager 				Date _____ Daytime Phone# _____	
Typed or printed name of signing Managing Member/Manager				DOUG BROOKS	