PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF 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

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3230 PARKWAY	3230 PARKWAY
Suite, Apt. #, etc.: E-1	Suite, Apt. #, etc.: E-1
City & State: PIGEON FORGE, TN	City & State: PIGEON FORGE, TN
Zip: 37863 Country: U.S.A.	Zip: 37863 Country: U.S.A.

4. State/Country of Formation: TN

5. Date Organized or Qualified To Do Business in Florida: 02/15/01

6. FEI Number: 621695048 ☐ Applied For ☐ Not Applicable

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: [signature] Date: 7/18/06

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: [signature] Date: _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Doug Brooks