PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 22 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M75197

1. Corporation Name

InMark, Inc.

REINSTATEMENT 92-02

10/15/02--01088--001 **2100.00

2. Principal Office Address	3. Mailing Office Address
301Wilder Road	301 Wilder Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, FL 33566	City & State: PlaNT City, FL 33566
Zip: 33566 Country: Hillsborough	Zip: 33566 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 3/23/88

5. FEI Number: 59-2907371 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C.W. Naugle

Street Address (P.O. Box Number is Not Acceptable): 301 Wilder Road

Suite, Apt. #, Etc.:

City: Plant City State: FL Zip Code: 33566

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: Charles W. Naugle Date: 10/14/02
REGISTERED AGENT MUST SIGN

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
CEO	C.W. Naugle	301 Wilder Road	Plant City, FL 33566
			SP 10/22/02

10. I certify that I am an officer or director 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: Charles W. Naugle 10/14/02 813-757-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (9/01)