PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		S	ecretary	MENT OF STATE of State or		FIL (05 OCT -7	PA 3: 38
DOCUMENT # P0000032919 1. Corporation Name							TALLAHASSEE	OF STATE E, FLORIDA
Pro Marketing Sales, Inc.								
2. Principal Office Address 2200 So. Ocean Lane 2200 So.				ffice Address o. Ocean Lane		REINS	CR2E081 (8/05)	01-05
Suite, Apt. #, etc. Suite, Apt. #, 304			4. Date Inco		porated or Qualified iness in Florida 03/27/2000			
City & State Ft. Lauderdale, FL City & State Ft. Lau			1 '	ıderdale, FL		5. FEI Number 59-3633		Applied For Not Applicable
zip 33316	6 Bro	ward	^{Zip} 33316		Country Broward	6.	S8.75	Additional Fee required a Certificate of Status
				ame and A	ddress of Current Registe	red Agent		
	Jack Harvey Hall, Sr. ≘กกกลดสรุงสุดเล							
	Street Address (P.O. Box Number is Not Acceptable)						7/0501042003	**135 .CO
	304pt. #, Etc.							
	Ft. Lauderdale						State 33316	
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 9/25/05								
9. Names	and Street Addresses	of Each Officer and	I/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)		XX 1.0
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State	MALION
P/D	J. Harvey Hall, Jr.			3605 River Ferry Drive			Alpharetta, G/	A 30022
S/D	Richard H. Hall			702 Millpointe			Duluth, GA 30097	
T/D	William B. Hall			6245 Deerwoods Trail			Alpharetta, G	A 30005
D	Gregory L. Hall			5720 Seven Oaks Pkwy		Alpharetta, C	SA 30005	
D	Timothy A. Hall			3380 Shady Cove		Cumming, GA	30041	
D	Joel B. Hall			1458 Conasauga Ave, NE		Atlanta, GA 30319		
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: J.H. HALL, JR., Pres. 9/35/05 770-442-2534 SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #								

ADDENDUM TO CORPORATE REINSTATEMENT

9. Names and Addresses of Each Officer and/or Director

<u>Title</u>	<u>Name</u>	Street Address	City/State/Zip
D	James B. Horton	251 May Apple Lane	Alpharetta, GA 30005