## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P000000 99 4 2 1  1. Corporation Name  MARKETING MAKEOVERS, INC.  2. Principal Office Address 3921 S.W. 47TH AVENUE 5. FEI Number 65-1054097 6-Centificate of Status Desires in Florida 10/23/2000  5. FEI Number 65-1054097 6-Centificate of Status Desired 10/23/2000  5. FEI Number 65-1054097 6-Centificate of Status Desired 10/23/2000  5. FEI Number 65-1054097 6-Centificate of Status Desired 10/23/2000  5. The Market Address of Current Registered Agent 10/23/2000  5. The Market Address of Current Registered Agent 10/23/2000  5. State Address of Status Desired 10/23/29/0501014029  **3000, 10/23/2000  5. State Address of Status Desired 10/23/2000  5. Status Desired Desired Desired 10/23/2000  5. Status Desired Desired 10	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								SECRETARY OF STATE DIVISION OF CORPORATIONS  05 MAR 21 AM 10: 01				
Sulte, Apt. #, etc. SUITE 1018 B  SUITE 1018 B  SUITE 1018 B  City & State FORT LAUDERDALE, FL FORT LAUDERDALE, FL FORT LAUDERDALE, FL Zip Country Zip Zip Zip Country Zip	1. Corporat	tion Name			199421								
Sulte Apt. 4, etc. SUITE 1018 B  SUITE 1018 B  SUITE 1018 B  City & State FORT LAUDERDALE, FL FORT LAUDERDALE, FL To Country To Name and Address of Current Registered Agant  The Chantal SNELLGROVE Street Address (P. O. Box Number is Not Acceptable) Tro3 Whittle HALL DRIVE  Suite Apt. 8, Etc.  #203  Cry FORT LAUDERDALE  B. 1. being appointed the registered agent of the above named Subcration, an familiar with and accept the obligations of section 607 0050 or 617 0050, F.S.  Signature of Registered Agent  REGISTERD AGENT MUST SIGN  Date Officers and/or Directors  Titles  The Country Total I am an officer or director or the receiver of inspection for inspect composition in the installations and society in the inspect country in the installation of the country of the	2. Principal Office Address 3. Mailing Office Address 3921 S.W. 47TH AVENUE 3. Mailing Office Address 3921 S.W. 47TH AVENUE								REMS	TAT	EMEN	04	
City & State FORT LAUDERDALE, FL FORT LAUDERDALE, FL Zip J33314  Country Zip J33314  Country Zip J33314  Country J33314  Count									4. Date Incorporated or Qualified				
Country   USA   33314   Country   USA   USA   Country   USA   USA   Country   USA   USA   Country   USA	•				1 '	'			5. FEI Number Applied For				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  1703 WHITE HALL DRIVE  Sulte, Apt. #. Etc. #203  City FORT LAUDERDALE  8. 1, being appointed the registered agent of the above representation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors  Officers and/or Directors  Total CHANTAI SNELLGROVE  1703 WHITE HALL DR #203  FORT LAUDERDALE, FL 33324  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 fill 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 fe 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)(0, F.S. The information indic on this application is true and accorate, and my signature shall have the same legal effect as if made under cath.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 '		•		6. SB.			Additiona	Fee required
CHANTAI SNELLGROVE  Street Address (P.O. Box Number is Not Acceptable)  103/29/05-01014-029 ***300, 10  Suite, Apt. #, Etc. #203  City FORT LAUDERDALE  8. 1, being appointed the registered agent of the above nagmed controlling and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresse of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Titles  Officers and/or Director  Officers and/or Director  Titles  Total Addresses of Each Officer and/or Director  Titles  Officers and/or Director  Titles  Total Addresses of Each Officer and/or Director  Titles  Officers and/or Director  Titles  Officers and/or Director  Titles  Total Addresses of Each Officer and/or Director  Titles  Officers and/or Director  Titl				-	7. N	lame and A	Address of Current Re	gister	red Agent		· · · · · · · · · · · · · · · · · · ·	·-·	
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SIGNATURE: Date Daytime Phone #	this rei owed b on this	nstatement ap by the corporat application is	plication. ion have true and	, the reason for di been paid and th accurate, and my	ssolution has been the names of individual resignature shall have	n eliminated luals listed ave the sam	i, the corporate name sa on this form do not quali ne legal effect as if made	atisfies	s the requirements an exemption und er oath.	of section fer section	n 607.0401 or 617.04 i 119.07(3)(I), F.S. The	01, F.S., the information	it all fees

TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

CHANTAI SNELLGROVE

DIRECTOR