
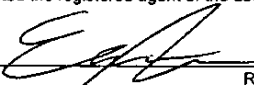
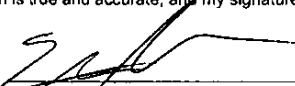


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 DEC 30 AM 11:31 800062514358 12/30/05--01054--024 **900.00 CR2E081 (8/05)	
DOCUMENT # P020000023485				
1. Corporation Name 1-M Marketing & Sales Inc 375 Orion Court Meritt Island Fl 32953				
2. Principal Office Address 375 Orion Ct Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		
City & State Meritt Island Fl		City & State 		
Zip 32953	Country Broward	Zip 	Country 	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 101-1407683		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent				
Name ERIC M Mays				
Street Address (P.O. Box Number is Not Acceptable) 375 Orion Ct				
Suite, Apt. #, Etc. 				
City Meritt Island		State FL	Zip Code 32953	
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 		Date 12-22-05		
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	
P, S, T	ERIC M Mays	375 Orion Ct	Meritt Island Fl 32953	
REINSTATEMENT 04-05 B. 1/03/06				
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: 		Date 12-22-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
		Daytime Phone #		