
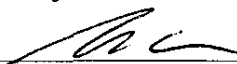



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR 24 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 102000105800					
1. Corporation Name I-LAND MARKETING CORP.					
Principal Office Address 1298 Cordova Blvd NE Suite, Apt. #, etc.			3. Mailing Office Address SAME Suite, Apt. #, etc.		
City & State SAINT Petersburg			City & State		
Zip 33704	Country Pinellas	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 22-3879252				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Shawn P Dunn			400030964074		
Street Address (P.O. Box Number is Not Acceptable) 1298 Cordova Blvd NE.			03/24/04--01014--011 **300.00		
Suite, Apt. #, Etc.					
City SAINT Petersburg			State FL	Zip Code 33704	
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 2/27/04		
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	
President	Shawn Dunn	1298 Cordova Blvd NE. SAINT Petersburg FL 33704			
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 2/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (813) 493 0267		

CR2E081 (01/04)