PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 07 SEP 20 PM 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # _PO3000009390_

1. Corporation Name

IMARK Consulting, Inc.

REINSTATEMENT 06-07
CR2E081 (7/07)

2. Principal Office Address - No P.O. Box #
1033 Lenox Ave.

Suite, Apt. #, etc.
_203_

City & State
Miami Beach, FL

Zip _33139_   Country _USA_

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida _01/27/2003_

5. FEI Number _020670845_   ☐ Applied For   ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐   **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name _Lynn Labarta_

Street Address (P.O. Box Number is Not Acceptable)
1033 Lenox Ave # 203

Suite, Apt. #, Etc.
_203_

City _Miami Beach_   State **FL**   Zip Code _33139_

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ REGISTERED AGENT MUST SIGN   Date _9/17/07_

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	_Lynn Labarta_	_1033 Lenox Ave #203_	_Miami Beach, FL 33139_
	_4/21_		

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09/20/07--01043--019  **300.00
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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 contained in Chapter 119, 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: _____   _9/17/07_   _786-586-9394_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #