2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000068915

1. Entity Name
NATIONAL EVENT MARKETING INC.

FILED
05 JUL -6 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business		3. Mailing Address	
1850 South Ocean Dr.		1850 South Ocean Dr.	
Suite, Apt. #, etc. 3504		Suite, Apt. #, etc. 3504	
City & State Hallandale Beach FL		City & State Hallandale Beach FL	
Zip 33009	Country Broward	Zip 33009	Country Broward

06272005 REIN-F REINSTATEMENT 04-05

4. FEI Number 56-2372466 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUMBERG EXCELSIOR CORP. SRVS., INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811	Name Alexander Kleyman Street Address (P.O. Box Number is Not Acceptable) 1850 South Ocean Dr. Suite 3504 City Hallandale Beach FL Zip Code 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 6/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEYMAN, ALEXANDER 16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kleyman Alexander 1850 South Ocean Dr. 3504 Hallandale Beach FL 33009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600057093936 07/06/05--01055--011 **908.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 6/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #