



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151026 1. Entity Name THE MARKETING STORE, INC.						FILED 05 APR 13 PM 2:17 TALLAHASSEE, FLORIDA 	
Principal Place of Business 907 N GADSDEN ST TALLAHASSEE, FL 32303				Mailing Address 907 N GADSDEN ST TALLAHASSEE, FL 32303			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04112005 REIN-P CR2E098 (6/04)				4. FEI Number 300220021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LIBIN, HOWARD 907 N GADSDEN ST TALLAHASSEE, FL 32303			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <i>Howard Libin</i> DATE: 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: P <input type="checkbox"/> Delete NAME: LIBIN, HOWARD STREET ADDRESS: 907 N GADSDEN ST CITY-ST-ZIP: TALLAHASSEE, FL 32303				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 100054243031 STREET ADDRESS: 05/11/05--01009--017 **300.00 CITY-ST-ZIP:			
TITLE: V <input type="checkbox"/> Delete NAME: BAUER, DAVID S STREET ADDRESS: 3472 CHAMBLEE RD CITY-ST-ZIP: TALLAHASSEE, FL 32				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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: <i>Howard Libin</i> HOWARD LIBIN 4-12-05 229-6819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							