


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151026		
1. Entity Name THE MARKETING STORE, INC.		

Principal Place of Business 907 N GADSDEN ST TALLAHASSEE, FL 32303	Mailing Address 907 N GADSDEN ST TALLAHASSEE, FL 32303
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2. Principal Place of Business 292 N Magnolia Dr Suite, Apt. #, etc.	3. Mailing Address 292 N Magnolia Dr Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State Tallahassee FL
Zip 32301	Country USA
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Zip 32301	Country USA

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



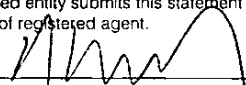
11222006 REIN-P CR2E098 (11/05)

4. FEI Number 30-0220021	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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: Howard LIBIN Street Address (P.O. Box Number is Not Acceptable): 292 N Magnolia Drive City: Tallahassee FL Zip Code: 32301	
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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.

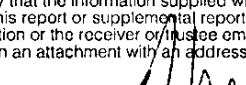
SIGNATURE:  DATE: 11-22-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBIN, HOWARD 907 N GADSDEN ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100082149331 11/29/06--01066--008 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUER, DAVID S 3472 CHAMBLEE RD TALLAHASSEE, FL 32 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 11-22-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR