


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000137368		
1. Entity Name VMARK COMPANY		

FILED  
08 NOV -5 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2209 EASTGATE WAY TALLAHASSEE, FL 32308	Mailing Address 2209 EASTGATE WAY TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # <b>Blvd</b> <b>1566 Village Square</b>	3. Mailing Address <b>Blvd</b> <b>1566 Village Square</b>
Suite, Apt. #, etc. <b>#5</b>	Suite, Apt. #, etc. <b>#5</b>
City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32309</b> Country <b>USA</b>	Zip <b>32309</b> Country <b>USA</b>

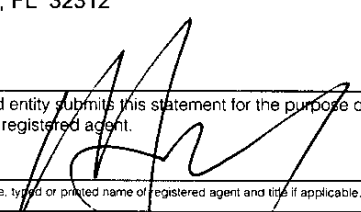


REINSTATEMENT 08

4. FEI Number 20-1700990	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  AVERY, MICHAEL C 2713 WATERFORD GLEN CT TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

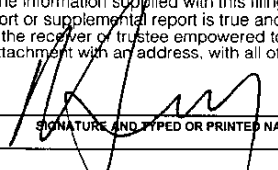
SIGNATURE  DATE **11/3/08**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	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	PRES AVERY, MICHAEL 2713 WATERFORD GLENN COURT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100137666201</b> <b>11/05/08--01020--004 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT, BRIAN D 2209 EASTGATE WAY TALLAHASSEE, FL 32308 <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
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 **11/3/08** (850) 201-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2011/6

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November 3, 2008

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: P04000137368

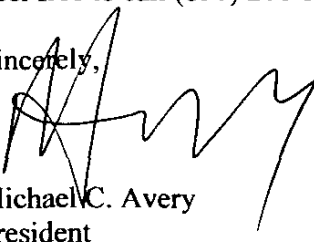
Dear Sir or Madam:

Please reinstate the above referenced Florida Corporation. I have enclosed the 2008 For Profit Corporation Reinstatement form and a \$150 check.

The original reinstatement notice was not forwarded to our current address. Please be sure to change our mailing and location address as indicated on the form.

Feel free to call (850) 201-5626 if you have questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael C. Avery', is written over the printed name and title.

Michael C. Avery  
President