2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000055753

Entity Name: PLATINUM MARKETING INTERNATIONAL INC.

FILED Oct 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6414 MIDNIGHT PASS ROAD SARASOTA, FL 34242 US

Current Mailing Address: New Mailing Address:

6414 MIDNIGHT PASS ROAD SARASOTA, FL 34242 US

FEI Number: 20-2680725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OBERLE, JASON
11850 9TH STREET NORTH
APT. 18106
ST. PETERSBURG, FL 33716 US
OBERLE, JASON
6414 MIDNIGHT PASS RD.
SARASOTA, FL 34242 US

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.

SIGNATURE: JASON OBERLE 10/09/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD () Delete Title: PVD (X) Change () Addition

 Name:
 OBERLE, JASON
 Name:
 OBERLE, JASON

 Address:
 11850 9TH STREET NORTH APT. 18106
 Address:
 6414 MIDNIGHT PASS RD.

 City-St-Zip:
 ST. PETERSBURG, FL 33716 US
 City-St-Zip:
 SARASOTA, FL 34242 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 OBERLE, JASON
 Name:
 OBERLE, JASON

 Address:
 11850 9TH STREET NORTH APT. 18106
 Address:
 6414 MIDNIGHT PASS RD.

 City-St-Zip:
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 City-St-Zip:
 SARASOTA, FL 34242 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON OBERLE PRES 10/09/2006