


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083302 1. Entity Name IMAE MARKETING CORPORATION						FILED 08 MAR -6 AM 10: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3623 NE 8TH PLACE CAPE CORAL, FL 33909				Mailing Address 3623 NE 8TH PLACE CAPE CORAL, FL 33909			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PAVEL, KRISTA 3623 NE 8TH PLACE CAPE CORAL, FL 33909				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARSH, JASON 3623 NE 8TH PLACE CAPE CORAL, FL 33909			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700119594527 03/06/08--01046--021 ***900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, JASON 3623 NE 8TH PLACE CAPE CORAL, FL 33909			TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$73/10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/3/08 Daytime Phone # 234-246-3579			