2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000055145

Address:

City-St-Zip:

AMA: DOLIRLE A MARKETING/PROMOTIONS INC

FILED Feb 29, 2008 Secretary of State

| Entity Nai | me: DOORLE A M | ARKETING/PROMOTION | IS INC. | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
| | DFLOWER LAKE BEACH, FL 33446 | US | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| | DFLOWER LAKE BEACH, FL 33446 | US | | | |
| FEI Number: | : 20-4717039 FI | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | Address of Curre | ent Registered Agent: | Name and Address | of New Registered Agent: | |
| | N, ALAN DFLOWER LANE BEACH, FL 33446 | US | CASANO, JOSEPH 14822 WILDFLOWE DELRAY BEACH, FI | | |
| | named entity subr e of Florida. | nits this statement for the | purpose of changing its register | red office or registered agent, or both, | |
| SIGNATUR | RE: JOSEPH CAS | SANO | | 02/29/2008 | |
| | Electronic S | ignature of Registered Ag | ent | Date | |
| | , ,, | b), F.S., the corporation did n | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAN | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Dele ARONSON, ALAN 14822 WILDFLOWE DELRAY BEACH, FL | R LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () Dele ARONSON, RICHAR 14822 WILDFLOWE DELRAY BEACH, FL | D ER LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Dele ARONSON, MARCIA 14822 WILDFLOWE DELRAY BEACH, FL | R LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | () Dele | ete | Title: VP Name: CASANO. | () Change (X) Addition JOSEPH | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH CASANO VP 02/29/2008

14822 WILDFLOWER LANE

DELRAY BEACH, FL 33446 US