2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000062662

Entity Name: CLARKE MERCHANDISING, INC

FILED Oct 31, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

2700 SW 62ND AVENUE 9451 PALM CIRCLE S

HOLLYWOOD, FL 33023 PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

2700 SW 62ND AVENUE 9451 PALM CIRCLE SOUTH HOLLYWOOD, FL 33023 PEMBROKE PINES, FL 33025

FEI Number: 26-0247267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MIKE'S TAX & ACCOUNTING, INC. 269 N. UNIVERSITY DRIVE SUITE I

9451 PALM CIRCLE SOUTH PEMBROKE PINES, FL 33025 US PEMBROKE PINES, FL 33024 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.

CLARKE, NICOLA

SIGNATURE: N. CLARKE 10/31/2009

> 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: () Delete Title: (X) Change () Addition CLARKE, NICOLA Name: Name: CLARKE, NICOLA N 2700 SW 62ND AVENUE Address: 2700 SW 62ND AVENUE Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023

Title: () Delete Title: V/P () Change (X) Addition

HARRIOTT, RORY D Name: Name: Address: Address: 9451 PALM CIRCLE SOUTH PEMBROKE PINES, FL 33025 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: N. CLARKE P/D 10/31/2009