PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CONFORATION BEINCTATEMENT | FEORIDA DEPARTMENT OF CATE Katterij e Hitcil Becitte of State DIVISION OF CORPORATIONS | SEGRETARY OF STATE STYLEN OF CORPORATIONS OO SEP 2D PM 2:21 |
|---|---|---|
| | DS0342 rt Marketing, Inc | |
| 2. Principal Office Address | 3. Mailing Office Address | |
| PO Box 530025 Suite, Apt. #, etc. | POBOX 53002S Suite, Apt. #, etc. | |
| | | Date Incorporated or Qualified To Do Business in Florida |
| City & State | St. Petersburg, F | 5. FEI Number Applied For |
| St. Pete FC | Zip Country | 6. SS.75 Additional Fee required |
| 33711 US.A | 7. Name and Address of Current Registers | GERTIFICATE OF STATUS DESIRED () for a Certificate of Status |
| Suite, Apt. #, Etc. City St. Pete | rsburg | State Zip Code FL 337 U |
| 8. I, being appointed the registered agent of the above Signature of Registered Agent RE | | |
| Titles Name of | d/or Director (Florida nonprofit corporations must list at lea Street Address of Each | City / State / Zin |
| VP Joe Your | Officer and/or Director | |
| Sec Beth You | neg 11 | /* ODOOS4151803 -10/05/0001083004 ****150.00 ****150.00 |
| | | |
| this reinstatement application, the reason for diss owed by the corporation have been paid and the | solution has been eliminated, the corporate name satisfies | provided for in chapter 607 or 617, F.S. I further certify that when the state of section 607.0401 or 617.0401, F.S., that are san exemption under section 119.07(3)(i), F.S. The information indicated |

SIGNATURE: Bernie Joung BERNIE YOUNG 9-18-00 727-864-06 41

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #