

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030213

1. Corporation Name

Innovative Marketing Strategies, Inc.

2. Principal Office Address

11350 Tomahawk Creek Parkway

Suite, Apt. #, etc.

Suite 200

City & State

Leawood, KS

Zip

66211

Country

USA

3. Mailing Office Address

11350 Tomahawk Creek Parkway

Suite, Apt. #, etc.

Suite 200

City & State

Leawood, KS

Zip

66211

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/8/1996

5. FEI Number

65-0660594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

03/05/04 01048 101 \$308.75

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Laura R. Mudd

Date 3-3-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Steve Rasmussen	11350 Tomahawk Creek Pky Ste 200	Leawood, KS 66211
P/D	Brad Yeater	11350 Tomahawk Creek Pky Ste 200	Leawood, KS 66211
S/D	David Mullaney	11350 Tomahawk Creek Pky Ste 200	Leawood, KS 66211

REINSTATEMENT 03-04

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Rasmussen

Date

2/25/04

913-696-1222

Daytime Phone #

CR2E081 (10/02)