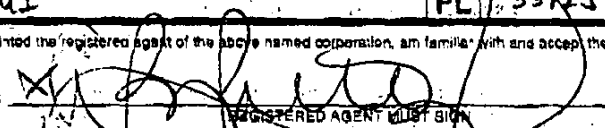
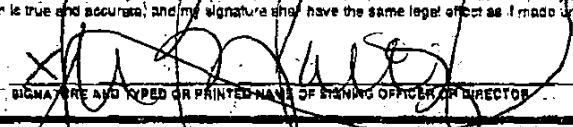


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047892					
1. Corporation Name PALLEY PROMOTES, INC.					
2. Principal Office Address - No P.O. Box # 1481 NW 7th ST			3. Mailing Office Address 1481 NW 7th ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL.			City & State MIAMI, FL.		
Zip 33125	Country USA	Zip 33125	Country USA		
7. Name and Address of Current Registered Agent					
Name LISA PALLEY					
Street Address (P.O. Box Number is Not Acceptable) 1481 NW 7th ST					
Suite, Apt. #, Etc.					
City MIAMI		State FL Zip Code 33125			
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 				Date 1/24/07	
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	LISA PALLEY	1481 NW 7th ST		MIAMI, FL 33125	
10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: 				Date 1/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

FILED

07 JAN 29 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA500087497515
02/06/07--01041--022 **1800.00

REINSTATEMENT

CR2E081 (1/07)

00-07

4. Date incorporated or Qualified To Do Business in Florida 5/31/06	
5. FBI Number 65-0673189	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional fee required for Certificate of Status	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

K. Eckel JAN 31 2007