

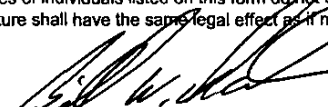


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000075907			
1. Corporation Name HOLCOMB & ASSOCIATES MARKETING, INC.			
2. Principal Office Address 940 Ridgewood Way Suite, Apt. #, etc. City & State Niceville, FL Zip 32578		3. Mailing Office Address 940 Ridgewood Way Suite, Apt. #, etc. City & State Niceville, FL 32578 Zip 32578	
Country Okaloosa		Country Okaloosa	
FILED 05 OCT 25 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500060911155 10/25/05--01014--001 **1808.75 CR2E081 (8/05)			
4. Date Incorporated or Qualified To Do Business in Florida 09/03/1997			
5. FEI Number 59-3466600			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Bill W. Holcomb			
Street Address (P.O. Box Number is Not Acceptable) 940 Ridgewood Way			
Suite, Apt. #, Etc.			
City Niceville		State FL	Zip 32578
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 10/21/2005	
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
P	Bill W. Holcomb	940 Ridgewood Way	Niceville, FL 32578
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: Bill W. Holcomb 		Date 10/21/2005	Daytime Phone # (850) 376-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			