
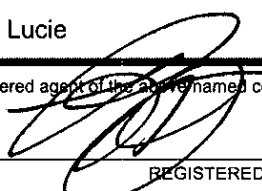
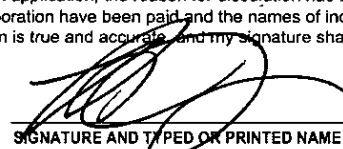


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S67722				02 DEC 9 AM 9:05 TALLAHASSEE, FLORIDA	
1. Corporation Name TS Marketing, Inc.					
2. Principal Office Address 2164 Reserve Park Trace Suite, Apt. #, etc.		3. Mailing Office Address 2164 Reserve Park Trace Suite, Apt. #, etc.		REINSTATEMENT 02	
City & State Port St. Lucie, Florida		City & State Port St. Lucie, Florida		4. Date Incorporated or Qualified To Do Business in Florida 7/22/91	
Zip 34986	Country USA	Zip 34986	Country USA	5. FEI Number 59-3079884	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Randall A. Jones					
Street Address (P.O. Box Number is Not Acceptable) 2164 Reserve Park Trace					
Suite, Apt. #, Etc.					
City Port St. Lucie				State FL	Zip Code 34986
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 12/12/02 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	
D/P/S	Randall A. Jones	2164 Reserve Park Trace		Port St. Lucie, FL 34986	
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: 		Randall A. Jones, President		Date 12/12/02 772-466-8585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E081 (9/01)

772-466-8585