2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S77361

Address:

City-St-Zip:

P.O. BOX 27096

TAMPA, FL 33623

FILED Oct 19, 2004 Secretary of State

Entity Na	me: GO MAF	RKETING, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
550 N REI #300 TAMPA, F			550 N REO #300 TAMPA, FL 33609		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 2 TAMPA, F	7096 L 336237096				
FEI Number	: 65-0281978	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
3820 NOR TAMPA, F The above in the State	e of Florida.	/D US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI		nic Signature of Registered Ag	ont	 Date	
Election Car	ice with s. 607.1	93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ot receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST (MINK, KATHL PO BOX 2709 TAMPA, FL 3	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPS (MINK, KATHL PO BOX 2709 TAMPA, FL 3	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (MINK, CHRIS) Delete FOPHER A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER MINK 10/19/2004 Τ