

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV -3 PM 12:05

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DOCUMENT # **F94000005211**

1. Corporation Name
GAZELLE MARKETING INTERNATIONAL INC.

Principal Place of Business 4949 TAMiami TRAIL SUITE 204/205 NAPLES FL 33940	Mailing Address 4949 TAMiami TRAIL SUITE 204/205 NAPLES FL 33940
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE Applied For	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country	6. FEI Number 06-1404237 Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	FARRELL, ALPHONSUS C	2 KENLEA CT.	AURORA, ONTARIO
VSD	CALHOUN, DOUGLAS <i>PRES</i>	RR 1, SHANTY BAY	ONTARIO
P	Calhoun, Douglas	RR 1 Shanty Bay	Ontario
T	Brown, Anne	66 Old Tarry Town Rd.	WhitePlains, NY 10603
			800002339268-3 -11/05/97--01069--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent KAREN L BROTHERS 1391 CHESAPEAKE AVE 2 UNIT 101 - NAPLES FL 33940		9. Name and Address of New Registered Agent Name Judith L. D'Alessandro Street Address (P.O. Box Number is Not Acceptable) 20588 Charing Cross Circle Suite, Apt. #, Etc. City Naples, State FL Zip Code 33928	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date **10/28/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Anna Tancredi Brown* Date **October 30, 1997** Daytime Phone # **212 686 8808**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)