

APPLICATION FOR REINSTATEMENT



49 AK  
 Division of Corporations

FILED

Jun 29 1999 8:00 am  
 Secretary of State

DOCUMENT # **F94000005211** 1999  
 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 06-1404237	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CALHOUN, DOUGLAS	RR 1 SHANTY BAY	ONTARIO
T	BROWN, ANN	66 OLD TARRYTOWN RD	WHITEPLAINS, 10603

100002921351-2  
 -07/01/99--01098--003  
 \*\*\*\*150.00 - \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUDITH L. D'ALESSANDRO  
 20588 CHARING CROSS CIRCLE  
 ESTERO, FL 33928

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt. #, Etc.		
City		

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 6/21/99  
 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 taxes 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: *x Anna Tamara Brown* 6-22-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Gazelle International Inc.*  
*Marketing Research Services*

4949 Tamiami Trail N.  
Suite 204  
Naples, FL 34103  
Tel: (941) 649-8808  
Fax: (941) 649-8861

June 22, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed please find our check in the amount of \$150.00 with the reporting form for 1999. I spoke with a representative and explained I had not received the form to renew. She said I should create a form using the previous year's form, whiting out the information and obtaining original signatures. That form is attached.

Kind regards,

A handwritten signature in black ink, appearing to read "Judith L. D'Alessandro".

Judith L. D'Alessandro

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