

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 17 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003057

1. Corporation Name

SNYDER DIRECT SERVICES, INC.

500004416855--2
-06/13/01--01012--011
****900.00 ****900.00

2. Principal Office Address		3. Mailing Office Address	
6903 Rockledge Drive		6903 Rockledge Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
14th Floor		14th Floor	
City & State		City & State	
Bethesda, MD		Bethesda, MD	
Zip	Country	Zip	Country
20817	USA	20817	USA

4. Date Incorporated or Qualified To Do Business in Florida		5/28/98
5. FEI Number	Applied For	
522072588	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		
CSC - Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable)		
1201 Hays Street		
Suite, Apt. #, Etc.		
City	State	Zip Code
Tallahassee	FL	32301

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	<i>Sylvia M. White</i>	Date	5/10/01
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	Alain de Pouzilhac	c/o Havas Advertising 84 rue de Villiers	92683 Levallois-Perret Cedex, France
D	Jacques Herail	c/o Havas Advertising 84 rue de Villiers	92683 Levallois-Perret Cedex, France
D, P, T	R. John Cooper	410 Park Ave., Suite 1520	New York, NY 10022
S	Colleen Sayther	c/o Havas Advertising 430 Mountain Avenue	Murray Hill, NJ 07974

REINSTATEMENT 00-01 TS

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:	<i>[Signature]</i>	Date	May 7, 2001	Daytime Phone #	908-271-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					