


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000057637

1. Corporation Name

PDL MARKETING, INC.

2. Principal Office Address

3538 N HARBOR CITY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3538 N HARBOR CITY BLVD

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/23/2002

5. FEI Number

034676034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable)

92 SADBERRY RD.

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.

Signature of Registered Agent

Paul D Levine

Date

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
DPS	LEVINE, PAUL D	3538 N HARBOR CITY BLVD	MELBOURNE FL 32935
DVT	LEVINE, SHARON	3538 N HARBOR CITY BLVD	MELBOURNE FL 32935

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03/17/04--01016--011 **300.0

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:

Paul D Levine

PAUL D LEVINE, DIRECTOR

Date

3/9/04

Daytime Phone #

321 253-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE001 (0/01)

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P.3

DATE: 03/09/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

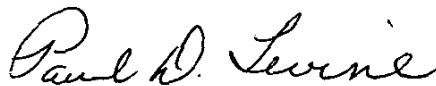
FROM: PDL MARKETING, INC.
PAUL D. LEVINE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS BY
MAIL.

PLEASE FILE OUR REINSTATEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 321-253-2224 FAX
321-253-0644

THANKS,



PAUL D. LEVINE, PRESIDENT
PDL MARKETING, INC.