PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

payelost

COR	RPORATIO		Kather Secreta	RTMENT OF STATI ine Harris ary of State corporations	E	FILED 01 DEC -7 PM SECRETARY OF S TALLAHASSEE, FL	2: 47	
DOCUMENT # P94000124				2		TALLAHASSEÉ, FÉ	ORIBA	
MoreDirect, Inc.							o118	
7300 N. Federal Hwy Same			3. Mailing Office Add	as #2		000047332 -12/19/010 ****158.75	1061013 ****158.75	
Sulte, Apt. #, etc. Sulte, Apt. #,			Sulte, Apt. #, etc.		4. Date incom	orated or Qualified		
Suite 200			0% - 8 65			ness in Florida		
			City & State		5. FEI Numbe		Applied For	
Boca Raton FL Zip Country		Zip	Country	<u>65</u> #05	26173	Not Applicable		
33487	, Ιτ	J.S.A.	·		CERTIFICATE		Additional Fee required Certificate of Status	
	7. Name and Address of Current Registered Agent							
	Name							
	American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd., Suite 1600							
	Suite, Apt. #, Etc.					State Zip Code		
	City Ft. Lauderdale,					FL 33301		
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 MUST SIGN Date 11/29/01								
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 Officer and/or Dir	ector	City / State /	Zip	
CEO	Russe	ll Madris	7300	N. Federal	Hwy, #200	Boca Ratn, FL	334 8 7	
CFO	Scott	Modist	7300	N. Federal	Hwy, #200	Boca Raton, F	L 33487	
СТО	Michae	el Diâmant	730	0 N. Federal	ւ Կա∰wv. #20	O Boca Raton,	FL 33487	
		45	· · ·					
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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 ceth.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



POGRWY

7300 N. Federal Hwy., Ste. 200 • Boca Raton, FL 33487 <u>www.moredirect.com</u> 561.237.3300 Fax: 561.237.3390

November 28, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reference number P94000072462

To Whom It May Concern:

Attached is Corporation Reinstatement form along with a check for \$158.75, \$150.00 for 2001 report fee and \$8.75 for certificate of status, as instructed in your letter dated November 19, 2001, Letter Number 901A00062081. As your letter stated, we were not notified of revocation of certificate of authority for failure to file our 2001 corporate annual report on a timely manner, therefore, the reinstatement fee was waived. If you have any question regarding our request to reinstate our certificate, please contact me at 561-237-3341.

Sincerely,

Scott Modist

Chief Financial Officer