PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000081385

1. Corporation Name

CUSTOMER AQUISITION SPECIALISTS OF AMERICA, INC

REINSTATEMENT 001

2. Principal Office Address	3. Mailing Office Address
100 Pierce St.	P.O. Box 2574
Suite, Apt. #, etc.: #510	Suite, Apt. #, etc.
City & State: Clwtr, FL	City & State: CLEARWATER, FL
Zip: 33756 Country: USA	Zip: 33757 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/31/99

5. FEI Number: 59-3600275 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: R. Carlton Ward

Street Address (P.O. Box Number is Not Acceptable): 1253 Park Street

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33756

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: Carlton Ward — Date: 3-1-01
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
CEO	Patrick Clouden	111 Manatee Rd	Bellaire, FL 33756
Pres	Jim Mathers	100 Pierce St #510	Clearwater, FL 33756
			LS

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: Jim Mathers 2-28-01 (727) 692 8871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #