IRZ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FLORIDA DEPARTMENT OF STATE CORPORATION THED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 05 NOV 28 PH 1:56 DOCUMENT # 606442 TALLAHASSEE, FLORIDA DIRECT MARKETING SERVICES JUC KENNSTATIEMENT 05-06. 2. Principal Office Address 3959 VAN DYKE Rd 3959 VAN DYKE Rd 2. Principal Office Address CR2E081 (12/05) Suite, Apt. #, etc. Suite, Apt. #, etc. 183 4. Date incorporated or Qualified 1-12-79 To Do Business in Florida City & State City & State LUTZ 5. FEI Number Applied For F 591875468 LUTZ Not Applicable ^{Zip} 33558 Zip Country Country 33558 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status USA A SU for a Certificate of Status 7. Name and Address of Current Registered Agent Name SAMPS KELLY Street Address (P.O. Box Number is Not Acceptable) 1513 WAICR 2000 DRIGE 151 Suite, Apt. #, Etc. State City Zip Code たい FL 335 8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 11-8-06 Registered Agent REGISTERED AGENT MUST/SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors 1513 WATERWOOD RRIK Lutz 3355 25 S OUN DROUG ۶ WATER 0008111/11/06--01014--01 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 ell fees 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 ell tees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 cath. GNATURE: Structure and protection base protection base or signing of stress or publications. Structure and protection base of signing of stress or publications. Device Phone Broom # SIGNATURE E OF SIGNING OFFICER OR DIRECTOR NATURE AND TYPED OR Daytime Phone # 11

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Direct Marketing Service 3959 VanDyke Rd. #183 Lutz, Fl 33558 (813) 299-5516 363-18 3 5

I did nat receive my amual reput notices fac 2005 -Os per our phare converter Im encluer 150 far 05 x 150 fer 06 - + F75 fan ant af states. 308 25 Thak you for your help in this matter. Janes Kell Pus DM 5