DOCUMENT # 743 ~~443~~

1. Corporation Name

FLORIDA Direct Marketing Association, Inc

FILED

02 JAN 09 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

2. Principal Office Address	**3. Mailing Office Address**
3160 Sunset Dr. N.	
Suite, Apt. #, etc.	**Suite, Apt. #, etc.**
City & State	**City & State**
ST Petersburg, FL	
Zip 33710 / **Country**	**Zip** / **Country**

4. Date Incorporated or Qualified To Do Business in Florida 6/30/78

5. FEI Number 59-2489368 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Margaret H. Rolfs

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-02/05/02--01043--002
****236.25 ****236.25

Street Address (P.O. Box Number is Not Acceptable): 3160 Sunset Dr. N.

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Suite, Apt. #, Etc.: ~~ST Petersburg, FL~~

City: ST Petersburg — State: FL — Zip Code: 33710

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: Margaret H. Rolfs — REGISTERED AGENT MUST SIGN — Date 12/4/01

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CR2E081 (8/00)

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
P	Richard Page	743 Gant Ave.	Sarasota, FL ~~33740~~ 34322
VP	Tony Arau	1881 Orangewood Ln.	Sarasota, FL 34322
D S	Dale Filliber	2294 Lemon Tree Ln	Boca Raton, FL 33497
D T	Margaret H Rolfs	3160 Sunset Dr N	ST Petersburg, FL 33710
D C.H.	Robert Dunhill	1951 NW 19th ST	Boca Raton, FL 33431

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: Margaret H. Rolfs Treasurer — 12/4/01 — 727 345-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #