PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

F00000005691 DOCUMENT #

1, Corporation Name

PROFESSIONAL DIRECT AGENCY, INC.

Principal Place of Business

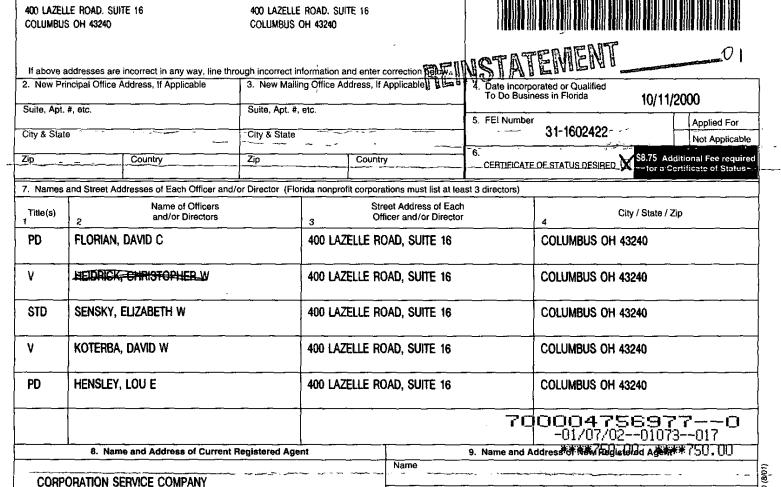
Mailing Address

400 LAZELLE ROAD, SUITE 16 COLUMBUS OH 43240

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SECRETARY OF STATE DIVISION OF CORPORATIONS

01 DEC 31 PM 4: 00



10. I, being appointed the registered agent of the above named corporation, am familiar with and acceptibe obligations of Section 607.0505, F.S.

Signature of Registered Agent

1201 HAYS STREET TALLAHASSEE FL 32301

REGISTERED AGENT MUST SIG

Břian-Courtney as its agent

Suite, Apt. #, Etc.

City

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

State

Zip Code

11. 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 filling 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR