PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMEN		S	ecretary	TMENT OF S of State	STATE		FILE OI, MAR - 5	VH 8: 20	
DOCUMENT # FOLODOO2544 1. Corporation Name							· ·	SECRE INST	Y OF SYATE SEE, FLORIDA	
Access Direct Telemarketing. Inc.							·			
2. Principal Office Address 4515 2045 Ave. S.W. 4515 Suite, Apt. #, etc. Suite, Apt. #, etc.			20th Ave. SW		REINSTATEMENT <u>03-04</u>					
				g plate Marrier			4. Date Incorporated or Qualified To Do Business in Florida 5/10/2001			
City & State Cedar Rapids, IA Cedar Cedar				- Ropids , IA			5. FEI Number Applied For			
Zip Country Z		Zip Country			· · · · · · · · · · · · · · · · · · ·	6. SERVICION OF STATUS DEGISER S8.75 Additional Fee required				
_ 	52404 USA 5240				USA			OF STATUS DESIRED	for a Certificate of Status	
	Name Evic Kabot Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. # 3000							9002995 5/04010360	1062 108 **90 .00	•
	city Plantation							State Zip Code FL 333	24	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli Signature of Registered Agent REGISTERED AGENT MUST SIGN								on 607.0505 or 617.0503, F		CR2E081 (01/04)
Names and Street Addresses of Each Officer and/or Director (Flor Titles Name of				Street Address of Each				City / S	State / Zip	-
DP	Thomas Cardella Pres.			8151 Peters Rd. #3000			_	Plantation	FL 33324	1
D	John Hall, CFO			8151 Peters Ra. #3000				Plantation		
EVA	Mark Nelson			4515 20th Ave. SW			. SW	Cedar Ray	ads ,1A 5240	4
T	Steven Brown			4515 2010 Ave. SW					15, 1A 52404	
5	Eric Kabót			8151 Peters Rd. # 3000				'	, FL 333214	
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 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. SIGNATURE: SIGNATURE: Date Daytime Phone #										

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