


10 PZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | |
|--|---|--|-------------------------------------|
| DOCUMENT # F06000002120 1. Corporation Name Public Strategies Inc. | | | |
| 2. Principal Office Address - No P.O. Box # c/o WPP, 125 Park Avenue Suite, Apt. #, etc. 4th Fl. City & State New York, NY Zip 10017 | 3. Mailing Office Address c/o WPP, 125 Park Avenue Suite, Apt. #, etc. 4th Fl. City & State New York, NY Zip 10017 | | |
| 4. Date Incorporated or Qualified To Do Business in Florida 4/4/06 | | | |
| 5. FBI Number 74-2537418 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | | | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SB 75 Additional Fee Required for a Certificate of Status <input checked="" type="checkbox"/> | | | |
| 7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation | | | |
| State FL Zip Code 33324 | | | |
| 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 <i>Debbie Diaz</i> Debbie Diaz Date 8/21/08 ASSISTANT SECRETARY | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| C/D | Jack L. Martin | 98 San Jacinto Blvd, Ste 1200 | Austin, TX 78701 |
| P | Jeff Eller | 98 San Jacinto Blvd, Ste 1200 | Austin, TX 78701 |
| V/D | Thomas O. Neuman | c/o WPP, 125 Park Ave., 4th Fl. | New York, NY 10017 |
| S/D | Kevin Farewell | c/o WPP, 125 Park Ave., 4th Fl. | New York, NY 10017 |
| T/D | Tom Lobene | c/o WPP, 125 Park Ave., 4th Fl. | New York, NY 10017 |
| 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 taxes 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 116, 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: <i>Thomas O. Neuman</i> Thomas O. Neuman | | Date 8/20/08 | Daytime Phone # 212-632-2200 |

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 2008 AUG 21 PM 2:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2581 12/08

74-2537418

SB 75 Additional Fee Required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date 8/21/08

Date 8/20/08 Daytime Phone # 212-632-2200

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Florida Department of State
Division of Corporations
Public Access System

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

PUBLIC STRATEGIES, INC.

| | |
|-----------------------|----------|
| Certificate of Status | |
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