

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F06000007050

**FILED**  
**Dec 03, 2009**  
**Secretary of State**

**Entity Name:** EMAIL RESPONSE SYSTEMS, INC.

**Current Principal Place of Business:**

1415 CHAFFEE DRIVE  
UNIT 10  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

224 DATURA STREET  
SUITE 800  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1415 CHAFFEE DRIVE  
UNIT 10  
TITUSVILLE, FL 32780

**New Mailing Address:**

224 DATURA STREET  
SUITE 800  
WEST PALM BEACH, FL 33401

**FEI Number:** 98-0501155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WESTHORPE, BARBARA  
664 PLANTATION DRIVE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

WESTHORPE, BARBARA  
3950 NORTH FLAGLER DRIVE  
SUITE 202  
WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA WESTHORPE

12/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WESTHORPE, BARBARA  
Address: 664 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WESTHORPE, BARBARA  
Address: 3950 NORTH FLAGLER DRIVE SUITE 202  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WESTHORPE

PRES

12/03/2009

Electronic Signature of Signing Officer or Director

Date