

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005565

1. Corporation Name

COPERNICUS: THE MARKETING INVESTMENT STRATEGY GROUP, INC.

Principal Place of Business

800 DOUGLAS ROAD SUITE 345
CORAL GABLES FL 33134

Mailing Address

315 PAST ROAD WEST
WESTPORT CT 06880
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1994

5. FEI Number

06-1363341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	CLANCY, KEVIN J	78 HIGH POPPLES ROAD	GLOUCESTER MA 01930
EVP	KRIEG, PETER C	6 GRAYS FARM ROAD	WESTON CT 06883
VPT	FAENZA, JEFFREY M	15 DOE PLACE	SHELTON CT 06484

500024023735
10/22/03--01067--009 **150.00

8. Name and Address of Current Registered Agent

FLAIM-URIARTE, LUISA
6260 CORAL LAKE DR
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT MUST SIGN

Date

October 18, 2003

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 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:

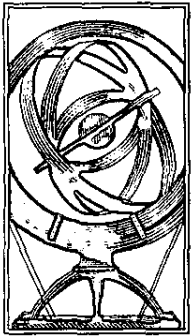
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 18, 2003

Daytime Phone #

#203-8348200



Copernicus®

Marketing Consulting
and Research

October 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: F94000005565

Dear Eula,

Enclosed please find a completed reinstatement application along with a check for \$150.00. Please waive the \$600 reinstatement fee due to the fact that we moved and had our address changed; therefore we never did receive a first or second notice.

Should you have any questions or concerns, please do not hesitate to call me at 203-834-8222. Thank you.

Sincerely,

Nelson Chan
Account Manager

11 River Road
Wilton, CT 06897

phone 203/834.8200
fax 203/834.8225