

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005571

1. Corporation Name
G. NEIL DIRECT MAIL, INC.

Principal Place of Business 720 INTERNATIONAL PARKWAY SUNRISE FL 33325	Mailing Address 720 INTERNATIONAL PARKWAY SUNRISE FL 33325
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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. ATTN: Lillian Rondonini City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country
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FILED
00 NOV -6 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 10/06/1998	5. FEI Number 65-0866510	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIDWELL, JOHN Henry Reed	205 SOUTH PUENTE STREET	BREA CA
ST	ALPERT, TED	205 SOUTH PUENTE STREET	BREA CA
V	JUKES, TERRY	205 SOUTH PUENTE STREET 720 International Pkwy	BREA CA Sunrise FL
AS	JROLF, MARK	30 ROWES WHARF, STE 300	BOSTON MA
CD	BROWN, GARY	720 INTERNATIONAL PKWY	SUNRISE FL
D	GILLIGAN, MICHAEL	30 ROWES WHARF, STE 300	BOSTON MA

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
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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.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date _____

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 _____ Daytime Phone # _____

720 International Parkway
P.O. Box 451179
Sunrise, FL 33345-1179

800-925-0083
FAX (954) 846-2693
<http://www.gneil.com>

October 25, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document # F98000005571
G. Neil Direct Mail, Inc.

To Whom It May Concern:

As per a conversation with your office on 10/24/00, we were authorized to file the Application for Reinstatement report with the \$150 Annual Report fee. This would waive the late fees due to never having received the original forms.

We have indicated a change in our mailing address to ensure that next year's Annual Report will be mailed directly to our Accounting office. At the same time, we have coordinated an internal procedure to alert us of the filing dates for the Annual Report.

Thank you for your understanding in this situation and we look forward to more prompt adherence to your policy and deadlines in the future.

Respectfully yours,



Lillian Rondanini
Controller
G. Neil Direct Mail, Inc.