

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F99000006261**

1. Corporation Name

DMA Leads, Corp.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003811011--9

03/07/01-01107-010

\*\*\*\*900.00 \*\*\*\*900.00

<b>2. Principal Office Address</b> 5300 W. Atlantic Ave. Suite, Apt. #, etc. Suite 701 City & State Delray Beach, FL Zip 33484 Country U.S.		<b>3. Mailing Office Address</b> 5300 W. Atlantic Ave. Suite, Apt. #, etc. Suite 701 City & State Delray Beach, FL Zip 33484 Country U.S.	
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Dec. 1999	
<b>5. FEI Number</b> 38-3483822	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name Adam G. Critch	
Street Address (P.O. Box Number is Not Acceptable) 5300 W. Atlantic Ave.	
Suite, Apt. #, Etc. Suite 701	
City Delray Beach	State FL
Zip Code 33484	

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

*Adam Critch*

Date 02-20-01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Adam G. Critch	5300 W. Atlantic Ave.	Delray Beach FL 33484

REINSTATEMENT

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02-01

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 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:

*Adam Critch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-01

Date

877 944-9400

Daytime Phone #

CR2E081 (9/00)