


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV -3 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G74643					
1. Entity Name ADVANTAGE/MAYER, INC.					
Principal Place of Business 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 US		Mailing Address 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2353050 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			10122005 REIN-P CR2E098 (6/04) \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Laura R. Dunlap</i>		Laura R. Dunlap as its agent		11/3/05 DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ERGER, ROBERT 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C / CEO Sonny King 19100 Von Karman Avenue Suite 600 Irvine CA 92612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNDERLAND, C. M 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 700061450837 11/15/05--01077--024 **150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, CHARLES A 2100 RIVERCHASE CENTER BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Robert Vesely 19100 Von Karman Avenue Suite 600 Irvine CA 92612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELL, HERB 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephanie Neuvirth 19100 Von Karman Avenue Suite 600 Irvine CA 92612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PITTS, LUTHER W JR. 13530 SOUTH RIDGE DR. CHARLOTTE, NC 28273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Shulman 1919 Pennsylvania Avenue Washington DC 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert Vesely</i>		Robert Vesely Date: 10-12-05		(949) 797-2900 Daytime Phone #	

K. Ecker NOV - 3 2005