


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H16861 1. Corporation Name CATALOG PUBLISHING GROUP, INC.			
2. Principal Office Address		3. Mailing Office Address	
1339 Beville Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Daytona Beach, FL 32119			
Zip	Country	Zip	Country
32119	USA		

FILED

00 JUN 13 PM 3:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA**REINSTATEMENT 96.00**

4. Date incorporated or Qualified To Do Business in Florida		8/16/84
5. FEI Number	59-2540241	
Applied For	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Melody H. Adair		
Street Address (P.O. Box Number is Not Acceptable) 1339 BEVILLE ROAD		
Suite, Apt. #, Etc.		
City	State	Zip Code
DAYTONA BEACH	FL	32119

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*Mha*

Date

6-8-00

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
PDS	Edmond R. Rancourt	1339 Beville Road	Daytona Beach, FL 32119

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.

EDMOND R RANCOURT, PRESIDENT

SIGNATURE:

Edmond R. Rancourt

6/8/00

904-788-0311

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #