PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J61055

1. Corporation Name

MEMORY CARDS INC.

Principal Place of Business	Mailing Address
C/O M. ELIZABETH BOLINT 2705 W. LEILA AVE. TAMPA FL 33611-4513 US	C/O M. ELIZABETH BOLINT 2705 W. LEILA AVE. TAMPA FL 33611-4513 US

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

REINSTATEMENT 96cw

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/1987

5. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BOLINT, M. E	2705 W. LEILA AVE	TAMPA FL
D	CHAMBERS, STEWART	150 S.E. 12TH ST.	FT. LAUDERDALE FL
~~D~~	~~HARMER, LESEAU C~~ resigned	~~830-13 A1A NORTH, STE 32~~	~~PONTE VEDRA BEACH FL~~
			300002026833--7 -12/12/96--01018--015 *****61.25 *****61.25
			300002026833--7 -12/12/96--01018--016 ******8.75 ******8.75
			300002026833--7 -12/12/96--01018--017 ****138.75 ****138.75
			300002026833--7 -12/12/96--01018--018 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

BOLINT, M. E
2705 W. LEILA AVE.
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State | 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.

Signature of Registered Agent: M. Elizabeth Bolint REQUIRED — Date: 30 Oct. 1996

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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.

(813) 839-9389

SIGNATURE: M Elizabeth Bolint REQUIRED — 30 Oct 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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