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
98 MAR 10 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45959**

1. Corporation Name

MARKET INSIGHT GROUP, INC.

~~W98-3538~~

Principal Place of Business	Mailing Address
~~300 ARAGON~~ ~~SUITE 300~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~300 ARAGON~~ ~~SUITE 300~~ ~~CORAL GABLES FL 33134~~ ~~US~~

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

[redacted]

REINSTATEMENT 96-98 AD

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 611 San Antonio Ave	Suite, Apt. #, etc. 611 San Antonio Ave
City & State CORAL GABLES, FL	City & State CORAL Gables, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/17/1988

5. FEI Number: 65-0089062 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($5.00 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
PTD	MOSKOWITZ, MICHELLE	611 SAN ANTONIO AVE.	CORAL GABLES FL
			000002453870--4 -03/11/98--01068--008 *****26.25 *****26.25
			000002453870--4 -03/11/98--01068--009 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MOSKOWITZ, MICHELLE
~~300 ARAGON AVE~~
~~STE 300~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 611 SAN ANTONIO AVE

Suite, Apt. #, Etc. CORAL GABLES

City | State FL | Zip Code 33146

CR2E040 (7/96)

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.

[redacted] M. Moskowitz, Jr. M. Moskowitz, Jr. Date 12/31/97

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 ☒ (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.

[redacted] M. Moskowitz, Jr. M. Moskowitz, Jr. 12/31/97 305/667-5737

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

M. MOSKOWITZ