

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L01000007744

Name and Mailing Address

0007030 01 AT 0,292 **AUTO T7 0 0615 33162-489773

RESPONSE EDGE MARKETING GROUP, LLC
16300 NE 19TH AVE., UNIT A
NORTH MIAMI BEACH FL 33162-4897



2. New Mailing Address 10400 N.W. 33rd Street, Suite 270		4. State/Country of Formation FL	
City, State, Zip Miami, Florida 33172		5. Date Organized or Qualified To Do Business in Florida 05/16/2001	
Principal Place of Business 16300 NE 19TH AVE., UNIT A NORTH MIAMI BEACH FL 33162	3. New Principal Place of Business Address 10400 NW 33rd Street Ste 270	6. FEI Number 01-0565335	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City, State, Zip Miami, FL 33172		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LEWIS, WILLIAM C JR. 9350 SOUTH DIXIE HWY., STE 1550 MIAMI FL 33156	9. Name and Address of New Registered Agent Name William C. Lewis, Jr Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., Suite 280 City, State, Zip Miami, Florida FL 33131
---	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **[Signature]** **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **12/22/03**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SILVA, ANA PAULA	2451 BRICKELL AVE. APT. 98 10400 N.W. 33rd Street Suite 270	MIAMI FL 33120 33172
MGR	WANCIER, SALOMON	1400 WEEPING WILLOW WAY	HOLLYWOOD FL 33018
		000025907270 12/31/03--01071--006 **155.00	
REINSTATEMENT 03 Dec			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **[Signature]**

SIGNATURE REQUIRED

Date **12/18/03**

Daytime Phone # **(305) 495-0285**

Typed or printed name of signing Managing Member/Manager **ANA PAULA SILVA**