

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p><b>FLORIDA DEPARTMENT OF STATE</b>  <b>Katheryne Harris</b>          Secretary of State          DIVISION OF CORPORATIONS</p>		<p><b>APPROVED AND FILED</b></p> <p>05 JUL 28 AM 8:22</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																					
<p><b>DOCUMENT #</b> <u>L 79554</u></p> <p>1. Corporation Name  <u>FLORIDA MARKETING &amp; BUDGET SERVICES, INC.</u></p>		<p><b>500002948685--4</b>          -08/03/99--01037--001          ***1861.65 ***1861.65</p>																					
<p>Principal Place of Business      Mailing Address</p> <p><u>2481 PARK AVENUE</u>  <u>SANFORD FL. 32771</u></p>		<p><b>REINSTATEMENT</b> <u>91-99</u></p>																					
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																							
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>		<p>3. New Mailing Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>																					
<p>4. Date Incorporated or Qualified To Do Business in Florida</p>		<p>5. FEI Number      <input checked="" type="checkbox"/> Applied For             <input type="checkbox"/> Not Applicable</p>																					
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>FRED P. HANSON III</td> <td>2481 PARK AVE. SAN.</td> <td>SANFORD, FL. 32771</td> </tr> <tr> <td>V.P.</td> <td>DONALD E. DOWNS SR.</td> <td>578 CASCADE CIRCLE # 102</td> <td>CASSELBERRY, FL. 32707</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PRES.	FRED P. HANSON III	2481 PARK AVE. SAN.	SANFORD, FL. 32771	V.P.	DONALD E. DOWNS SR.	578 CASCADE CIRCLE # 102	CASSELBERRY, FL. 32707								
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V.P.	DONALD E. DOWNS SR.	578 CASCADE CIRCLE # 102	CASSELBERRY, FL. 32707																				
<p>8. Name and Address of Current Registered Agent</p> <p><u>DONALD E. DOWNS SENIOR</u>  <u>578 CASCADE CIRCLE # 102</u>  <u>CASSELBERRY, FL. 32707</u></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City      State      Zip Code</p> <p style="text-align: center;"><b>FL</b></p>																					
<p>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.</p> <p>Signature of Registered Agent: <u>[Signature]</u> <u>SR.</u>      Date: <u>7/28/99</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																							
<p>1. This corporation owes the current year Intangible Personal Property Tax due June 30.      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      (See other side for information on intangible tax.)</p>																							
<p>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.</p>																							
<p><b>SIGNATURE</b> <u>[Signature]</u> <u>Vice President</u></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p><u>7/28/99</u> <u>1-888-318-6332</u></p> <p>Date      Daytime Phone #</p>																					

CR25081 (12/98)