

1. DOCUMENT # M01000000373

Name and Mailing Address

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ENGLION OF CORPORATIONS FALLEAHASSEE, FLORIDA

0007875-01 FP 0.352 **PRSRT T4 0 0615 37863-344115 tallitaallatallaadhaallaallajallatallatallitallital DIRECT MARKETING SERVICES, LLC 3230 PARKWAY, SUITE E-1 PIGEON FORGE TN 37863-3441



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2. New Mailing Address					4. State/Cour	try of Formation			
					TN				
City, State, Zip					5: Date Organized of Qualified To Do Business in Florida 02/15/2001			/15/2001	
Principal Place of Business 3. New			New Principal Place of Business Address		6. FEI Number			Applied For	
3230 PARKWAY, SUITE E-1 PIGEON FORGE TN 37863		City, State, Zip			02 100000		Not Applicable		
					CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
COVE. ANDREW N C/O COVE & ASSOCIATES, P.A. 225 SOUTH 21ST AVENUE HOLLYWOOD FL 33020				Name CH	CHIP TARVER				
			- · - · · ·	Street Address (P.O. Box Number is Not Acceptable) 3230 PARKWAY SUITE E-[
					7 17102.00				
				CITYPIGEON FORGE TH F			FL	Zip Code 37863	
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.									
Stranghun at									
Registered Agent Date 7-/8-03 REGISTERED AGENT MUST SIGN									
11. Names and Street Addresses of Each Managing Member/Manager									
THIs/s Name of Managing			Street Address of Each			City / State / Zip			
	Members/Managers			Managing Member/Manager					
· NIGRNI	BROOKS, DOUG JR.	-	3230 PARKWAY	', SUITE E-1	~ .	PIGEONFO	ORGE TN 37863		
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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 filling 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 Date 7-13-03 Daytime Phone # 865-478-9100									