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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JUL 22 PM 3:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000373

Name and Mailing Address

0007875-01 FP 0.352 **PRSRT T4 0 0615 37863-344115



DIRECT MARKETING SERVICES, LLC
3230 PARKWAY, SUITE E-1
PIGEON FORGE TN 37863-3441

[illegible]

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

Date 7-13-03 Daytime Phone # 855-428-9100

WV. E. PARKS