PLEASE READ	ALL INSTRUC	CTIONS	BEFORE C	OMPLETI	NG THIS FORM.	1062
APPLICATION FOR SEINSTATEMENT FLORIDA DEPARTMENT OF STATEMENT Katherine Harris Secretary of State DIVISION OF CORPORATIONS		IT OF STATE rris tate			190	
DOCUMENT # P0000108287 1. Corporation Name				FILED OI NOV 14 PM 3: 32		
FMI COMMUNICATIONS, INC.					SECRETARY OF ST TALLAHASSEE FLO	RIDA
Principal Place of Business	Mailing Address			1 5 8 8 (1 8 8 1 3 6	 Il Ameri muret potet aniët aniët sklet akt	131 (M114 11861 1811 1861 1881
4481 LEGACT DR #150 DESTIN FL 32541	4481 LEGACY DR #150 DESTIN FL 32541					
4481 Legendary Drive 4481		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/20/2000		
Suite 150 Sui		te 150		5. FEI Number	2212289	Applied For
Destin FL	Destin FL Zip Country			6. S8.75 additional tee required		
Zip 32541 Country US 4	32541	u	's A-			r 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 Street Address of Each Officer and/or Director Officer and/or Director 4 City / State / Zip						te / Zip
DIP Trent Martin		4481 Legendary Drive Stelso Destin FL 32			325.41	
D Steve Richardson		1 Lega	adary or	Str 150	Destin FL	3254/
D Steve Richardson 2/5/T Tim Keyser		4481 Legendary Dr. Ste 150 Destin FL 32541				3254/
•				41	00004717	1038010
				$\Delta \Omega$	****150.00	****150.00
			J)	
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
C T COPPORATION SYSTEM			n f Mar f.'n P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD 448			- III			
Suit				Fc /50 State Zip Code		
City Destin						
10. I, being appointed the registered agent of the abo	ove named corporation,	am familiar w	rith and accept the c	bligations of Section	on 607.0505, F.S.	
Signal tre of Registered Agent	THE STERED AGENT M	rent M JUST SIGN	lartin		Date/0/9	01
11. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been elimina names of individuals lis	ated, the corp ited on this fo	orate name satisfies rm do not qualify for	s the requirements r an exemption und	of section 607.0401 or 617.04	101, F.S., that all fees

SIGNATURE: SIGNATURE

1 402-827-5000 Daytime Phone #



Financial Marketing Inc. 4481 Legendary Drive, Suite 150 Destin, FL 32541 850-654-1200 Fax 850-654-7411 www.fmidata.com

October 19, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We have received notice of the Administrative Dissolution of FMI Communications Inc. We are sending you the application for re-instatement.

We had talked to Michele, in your office, on October 16, 2001. She had indicated that the original application along with the second notice had been sent to the wrong address. Due to sending the application and second notice to the wrong address, we are only required to remit \$150 with the re-instatement application. We have done this as well.

Please advise us if you have any questions or need additional information. Thank you for your prompt attention to this application. Thank you.

Sincerely,

Craig A. Mead

Chief Financial Officer

Enclosure