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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 APR-1 AHII:58 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name REINSTATIENT 02- DY ADVANTAGE MARKETING INTERNATIONAL INC. 701000038**8**8 2. Principal Office Address 800031695078 04/01/04--01048--004 **450.00 1 COUNTRY ROAD 1 COUNTRY ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 04/17/01 City & State City & State 5. FEI Number Applied For WESTPORT-CT-WESTPORT, CT 65-1102165 Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status 06880 CERTIFICATE OF STATUS DESIRED 06880 7. Name and Address of Current Registered Agent HAUER Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL CR2E081 (01/04) 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip **PRES** HARVEY SLATER 1 COUNTRY ROAD WESTPORT, CT 06880 STAMFORD, CT 06902 VP---TED SLATER --- -94D BLACHLEY ROAD SEC STAMFORD, CT 06902 JON ALAN SLATER 637 COVE ROAD SEC ANDREW SLATER 24 GLEN ROAD GREENWICH, CT 06830 10. 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 filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Advantage Marketing International Inc. 1 Country Road Westport, CT 06880

Florida Dept. of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

March 5, 2004

To Whom It May Concern:

Enclosed please find a check for \$ 450.00 as payment towards the filing fees for the years of 2004, 2003 & 2002. We recently realized that the corporation has had no business filings with the State of Florida. This caused us to research the subject since the corporation was founded in April of 2001. In speaking to a representative from your department she instructed us to file a Reinstatement Form and pay any applicable fees due. While looking up our account in the department of state records it was determined that the annual reports mailed to the corporation were return.

Since we never receive the reports we obviously could not file and pay the yearly fee timely. We therefore ask that you waive the reinstatement fee normally required since the forms were not filed through no fault of our own. We appreciate any help you may give us in this matter.

Also please note our correct address listed above.

Thank you,

Advantage Marketing International Inc.

Harvey Slater, President