
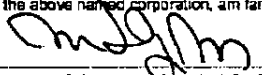
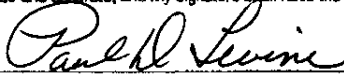


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000057637					
1. Corporation Name  PDL MARKETING, INC.					
2. Principal Office Address 3538 N HARBOR CITY BLVD		3. Mailing Office Address 3538 N HARBOR CITY BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MELBOURNE FL		City & State MELBOURNE FL			
Zip 32935	Country USA	Zip 32935	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida		05/23/2002			
5. FEI Number 034676034		Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name A1A REGISTERED AGENT INC.					
Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY RD.					
Suite, Apt. #, Etc.					
City QUINCY			State FL	Zip Code 32351	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.					
Signature of Registered Agent  Date _____					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPS	LEVINE, PAUL D	3538 N HARBOR CITY BLVD		MELBOURNE FL 32935	
DVT	LEVINE, SHARON	3538 N HARBOR CITY BLVD		MELBOURNE FL 32935	
100030596481 03/17/04--01016--011 ***300.0					
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 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.					
SIGNATURE: 		PAUL D LEVINE, DIRECTOR		3/9/04 321 253-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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DATE: 03/09/2004

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

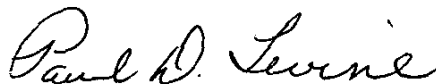
FROM: PDL MARKETING, INC.  
PAUL D. LEVINE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS BY  
MAIL.

PLEASE FILE OUR REINSTATEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 321-253-2224 FAX  
321-253-0644

THANKS,



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PAUL D. LEVINE, PRESIDENT  
PDL MARKETING, INC.