

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*p 182*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000101394

1. Corporation Name  
The Pulse Group, Inc.

**FILED**

04 JUL 12 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address 801 Cleveland Street		3. Mailing Office Address 801 Cleveland Street	
Suite, Apt. #, etc. Fifth Floor		Suite, Apt. #, etc. Fifth Floor	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33755	Country US	Zip 33755	Country US

**REINSTATEMENT**

*03-57*

4. Date incorporated or qualified To do business in Florida 09/18/2002	
5. FE Number 14-1655844	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

*26*

7. Name and Address of Current Registered Agent	
Name Agent Services of Florida	
Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD	
City, Apt. #, Etc. QUINCY	
State FL	Zip Code 32351-0000

200039251102  
07/16/04--01043--005 \$500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *[Signature]* Agent Serv. of FL Date: July 9, 2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 5 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	Wayne M. Cain	6805 Eagles Landing	Pasadena, FL 33710
STD	Wayne M. Cain	6805 Eagles Landing	Pasadena, FL 33710
VD	Jessica L. Cain	6805 Eagles Landing	Pasadena, FL 33710

10. I certify that I am an officer or director of 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 reasons for dissolution have 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 the directors listed on this form do not qualify for an exemption under section 119.07(2)(c), F.S. The information indicated on this application is true and accurate, and the signatures shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Wayne M. Cain

Date: 7/9/04 Office Phone #

CR-0001 (01/04)



TPGI

The Pulse Group International

TPGI  
801 Cleveland Street  
Fifth Floor  
Clearwater, Florida 33755  
Phone: 727-462-2573

13 2082

July 9, 2004

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

To Whom It May Concern:

**Subject: Request Waiver of Fees for Annual Report year 2003**

Due to a change of address in 2003, The Pulse Group, Inc. did not receive its filing forms for its Annual Report year 2003 and would request that the fees associated with this misunderstanding be waived. To resolve this matter we have included payment in the amount of \$300.00 for reinstatement. Thank you, for your understanding.

[ Corporate Document # P02000101394 ]

Very Sincerely,

Wayne M. Cain  
President  
The Pulse Group, Inc.