

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT # P36481		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 AUG 20 PM 2:25 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Corporation Name DYNAMARK, INC. OF AMERICA		Principal Place of Business 1065 BLUECUTT RD STE 3 COLUMBUS, MS 39701		Mailing Address P. O. DRAWER 8668 COLUMBUS, MS 39705	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 64-0759299 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
PRES.	MARK G. ALEXANDER	1065 BLUECUTT RD STE 3	COLUMBUS, MS 39701		
SEC/TREAS	KATHY ALEXANDER	1065 BLUECUTT RD STE 3	COLUMBUS, MS 39701		
				7000002274137--8	
				-08/21/97--01117--006	
				***1245.00 ***1245.00	
8. Name and Address of Current Registered Agent					
CT CORPORATION 1000 S. PINE ISLAND RD PLANTATION, FL 33324					
9. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div>					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Vicky Goldstein</i>		VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY		Date 8/1/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <i>Mark G. Alexander</i> 7/28/97 601.327.5556					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					