PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.				
APPLICATION		DA DEPARTMENT OF STATE Sandra B. Mortham		AND FILED
FOR 91-97	}	ary of State		* V man man harr
REINSTATEMENT		CORPORATIONS	1997 SE	IP 22 PM 1: 13
DOCUMENT # P9300059455  1. Corporation Name  J. M. FIELD MARKETING, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
J. M. FIELD	MARKETIN	16, INC.	}	
Principal Place of Business Mailing Address				
		NE 4th ST.		
Ft. LAUDERDALE FL 33301 Ft. LAUDE		nuoeroale, Fl 3336		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable     3. New Mailing		g Office Address, If Applicable 4. Da		orated or Qualified less in Florida 8 20 1993
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For	
City & State City & State			65-6	5427971 Not Applicable
Zip Country	Zıp	Country		OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprof	fit corporations must list at lea Street Address of Each	··—	
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zɪp
P JACK M. FIELT	515	515 N.E. 4th Street		Ft. LAUDERDALE, 7/3,334
			<del>5</del> (	300023014850 -09/23/9701098001 ****915.00 ****815.00
		RE	EINSTA	NTEMENT 910-99-
				a. alaw,
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Registered Agen()
FIELD, JACK M. 1220 S.E. 1St Au	Street Address (P	.O. Box Number i	s Not Acceptable)	
Pompano Beach	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
TOMPIANO DELACT		City State Zip Code		
70. 1, being appointed the registered as not of the above names conforation, am familiar with and accept the obligations of Section 607,0505, F.S.				
Signature of Registered Agent   Coky Field Registered Agent MUST SIGN Date 9/19/97				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No				
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 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 (9)all effect as if made under oath.				
SIGNATURE: MONETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/19/97 (954) 523-1957				