


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000068985			
1. Corporation Name REAL ESTATE MARKETING SERVICES, INC.			
Principal Place of Business 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL. 33487		Mailing Address POST OFFICE BOX 81929 BOCA RATON, FL. 33481-1929	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
		33481-1929 US	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
9.29.93		65-0445088	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	BETLER, TODD	902 CLINT MOORE RD #124	BOCA RATON, FL. 33487
REINSTATEMENT 96-99			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TODD BETLER 902 CLINT MOORE RD #124 BOCA RATON, FL. 33487		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc City State Zip Code	
Signature of Registered Agent Todd Betler		Date 4/7/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TLL (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)(b), 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: Todd Betler		Date: 4/7/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 861.945.7550	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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