

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033142

1. Corporation Name

LONG TAIL, INC.

2. Principal Office Address - No P.O. Box # 3665 Bonita Beach Rd. Suite, Apt. #, etc. Suite 3 City & State Bonita Springs, FL Zip 34134 Country USA		3. Mailing Office Address 3665 Bonita Beach Rd. Suite, Apt. #, etc. Suite 3 City & State Bonita Springs, FL Zip 34134 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 4/29/1994	Applied For Not Applicable
5. FEI Number 65-0491571	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
Allure Accounting, LLC

Street Address (P.O. Box Number is Not Acceptable)
3665 Bonita Beach Road

Suite, Apt. #, Etc.
Suite 3

City
Bonita Springs

State
FL

Zip Code
34134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent H. [Signature] Date 11-20-07

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
P	Genelin, Freerk Dr.	Munchnerstrasse 742	6100 Seefeld, Austria
VS	Genelin, Marion	Munchnerstrasse 742	6100 Seefeld, Austria
T	Genelin, Bruno	Munchnerstrasse 742	6100 Seefeld, Austria
			100112575981 11/26/07--01046--006 **900.00

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 contained in Chapter 119, 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: [Signature] Date 11-20-07 Daytime Phone # 239-992-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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