

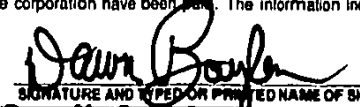


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 96 DEC 31 PM 12:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # P94000035054 (3) <small>1. Corporation Name</small> PHOTOFAX INCORPORATED OF FLORIDA					
<small>Mailing Address</small> 3201 63rd Street W Bradenton FL 34209		<small>Principal Place of Business</small> 3201 63rd Street W Bradenton, FL 34209			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<small>2. New Mailing Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>3. New Principal Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> DO NOT WRITE IN THIS SPACE 05/06/1994 <small>5. FEI Number</small> 36-3991326 <small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> <small>See Instructions for filing requirements</small>	
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.	DeBoer, Karen S.	3201 63rd Street W	Bradenton, FL 34209		
Sec.	Baylen, Dawn M.	3201 63rd Street W	Bradenton, FL 34209		
REINSTATEMENT					
<small>8. Name and Address of Current Registered Agent</small> Tsakiri, John 3201 63rd Street W Bradenton, FL 34209			<small>9. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
<small>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.</small> Signature of Registered Agent:  Date: 1-6-97 <small>REGISTERED AGENT MUST SIGN</small>					
<small>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</small> <input type="checkbox"/> <small>(See other side for additional information.)</small>					
<small>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</small> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on intangible tax.)</small>					
<small>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small>					
SIGNATURE:  (SEC.) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Dawn M. Baylen			Date: 1-6-97 800-659-9351 <small>Daytime Phone #</small>		

CR20040 (6-94)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 205685 4805660

AUTHORIZATION :

COST LIMIT : \$ 375.00

Patricia Pijust

ORDER DATE : December 30, 1996

ORDER TIME : 11:23 AM

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ORDER NO. : 205685-005

CUSTOMER NO: 4805660

CUSTOMER: Bradley T. Freeman, Esq.
Schnell Richards Brown &
1250 Larkin Avenue

Elgin, IL 60123

DOMESTIC FILINGS

NAME: PHOTOFAX INCORPORATED OF
FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS

S. Pijust
12/31/96
RECEIVED
96 DEC 31 PM 12:11
JAN 1 1997