PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 13 AM 9: 49 P94000071543 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name A MERRY MINSTREL SINGING TELEGRAM, INC. Principal Place of Business Mailing Address 2111 E. MICHIGAN ST., SUITE 131 2111 E. MICHIGAN ST., SUITE 131 ORLANDO FL 32806 ORLANDO FL 32906 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 Date Incorporated or Qualified To Do Business in Florida 09/29/1994 Suite, Apt. #, etc. 5. FEI Number Applied For 59-3270632 City & State Not Applicable \$8.75 Additional Fee required a Certificate of Status CERTIFICATE OF STATUS DESIRED A Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip ·PD BALL, MICHELE 1311 LANDRY CIRCLE LONGWOOD FL 32750 PD BAII, michele 201 PAIM PLACE Sanford, FL 32773 300002032163--1 -12/18/96--01028--027 -****183.75 ****183.75 ****191.25 ****191.25 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES, INC. KACU 1201 HAYS STREET 2019AIM PLACE TALLAHASSEE FL 32301 ANFORD 10. If 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 Date October 14,1996 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.)

12. I cortify 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 legal effect as if made under eath.

SIGNATURE:

2013024 AP