PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P95000025550 DOCUMENT

1. Corporation Name

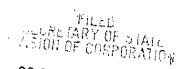
SRM INTERACTIVE MEDIA SERVICES INC.

Principal Place of Business
% LEON D. SOLOMON
603 LONGBOAT CLUB RD

Mailing Address

750

3126 WOODLEY STREET NW



00 OCT 30 PM 12: 08

10-10-00

603 LONGBOAT CLUB RD LONGBOAT KEY FL 34228		WASHINGTO US	WASHINGTON DC 20008 US			12011991 IIS ISIGI SIKII SOKII SOKIK BOKK POKIK BOKO KILON SIIRK BUIK DUIK ISII				
If above	addresses are incorrect in any way, I			The second secon	DEINIC	TATERN	APT	()	<u>e</u>	
New Principal Office Address, If Applicable 3. New			failing Office Address, If Applicable		4.4 Daile incon To Do Bus	orated of Qualified it is iness in Florida	.:. (1 ¥ € :: 13	30/1995	.	
Suite, Apt. #, etc. Suite, Ap			#, etc.		5. FEI Numbe	er e e e e e e e e e e e e e e e e e e	00/	Applied For	-	
City & State Ci		City & State	City & State		58-2178557 Not Applicable				le	
Zip	Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Names	and Street Addresses of Each Office	er and/or Director (Fl	orida nonprofit	corporations must list at le	east 3 directors)	And the second s				
Title(s)	Name of Officers and/or Directors		Street Address of E Officer and/or Direct							
PD	SOLOMON, LEON D		603 LONGBOAT CLUB RD			LONGBOAT KEY FL 34228				
SD	SOLOMON, STEVEN N	MON, STEVEN N		3126 WOODLEY RD NW		WASHINGTON DC 20008				
•		. ·		- ~	30003463446 7 -11/15/0001005004 ****750,00 ****750,00			7		
		er der verb								
					Jo W	3				
	8. Name and Address of C	urrent Registered Ag	ent		9. Name and	Address of New Regi	istered A	gent	_	
				Name					. 008	
CT CORPORATION SYSTEM 660 E. JEFFERSON ST				Street Address (P.O. Box Number is Not Acceptable)					040	
TALLAHASSEE FL 32301				Suite, Apt. #, Et	Suite, Apt. #, Etc.				- 8	
				City			State	Zip Code		
10. I, beir	ng appointed the registered agent of	the above named corr	oration, am far	miliar with and accept the	obligations of Sec	tion 607.0505, F.S.			\neg	
Signature Registere	of d Agent	lain		$G(L) \otimes F(I)$		Date _10 - 2	3-00	0	_	
		REGISTERED A	SENT MUST S	ign Hillary A	Englan	d, A.s.			4	
this re owed	fy that I am an officer or director or th instatement application, the reason f by the corporation have been paid a s application is true and accurate, and	e receiver or trustee e or dissolution has bee nd the names of indivi	mpowered to e n eliminated, th duals listed on	execute this application as ne corporate name satisfie this form do not qualify fo	provided for in ches the requirement or an exemption u	napter 607 or 617, F.S. is of section 607.0401	or 617.040	01, F.S., that all fees	be	
	1-0	, /		•						