ASE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMI FLORIDA DEPARTMI Sandra B. Mo Secretary of DIVISION OF CORP	ENT OF STATE ortham State	FIL.ED
DOCUMENT # PASMANAL 1383			98 JUN - 3 PM 12: 19
Field Marketing Incorporated			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
If above addresses are incorrect in any way, line thro	ugh incorrect information and ente	er correction below.	EINSTATEMENT 96-98
2. New Principal Office Address, II Applicable 2581 Jupiter Park Drive	rive		Date Incorporated or Qualified To Do Business in Florida May 25,1995
Suite, Apt. #, etc. Suite F-9			5. FEI Number Applied For
City & State Jupiter Florida Zip Country	Criy & State Zip Country		6. S8.75 Additional Fee required
33458 Palm Beach			CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Title(s) 1	3 (Do NOT	orations must list at lear Street Address of Each Officer and/or Director Use Post Office Box N piter Park	City / State / Zip
			2000025525823 -06/09/9801051004 ***1058.75 ***1058.75
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent
•		Street Address (P 2581 Suite, Apt. #, Etc. City Jupit	
10. I, being appointed the registered agency if the thou Signature of Registered Agent	e named corporation, am familiar	with and accept the ob	Date 4/1/98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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 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 oath.			
SIGNATURE: 5/28/98 56/747 9450 Date Date Daylimo Prione #			