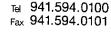
E ... O I TOO HONG BEFORE CONTRETTING THIS FURIM. APPLICATION FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of States DIVISION OF CORPORATIONS **DOCUMENT #** 02 NOV 14 AM 10: 39 1. Corporation Name N MAGAZINE, INC. SEURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE 110 NAPLES FL 34119 NAPLES FL 34119 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 Suite, Apt. #, etc. Suite, Apt. #, etc. ⁶⁶ 06/26/1995 City & State 5. FEI Number City & State 65-0594266 Applied For Country Country S8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P BROWN, THOMAS G 4500 EXECUTIVE DRIVE NAPLES FL 34119 MITCHELL, WILLIAM N 400 EXECUTIVE DR NAPLES FL 34119 8. Name and Address of Current Registered Agen 9. Name and Address of New Registered Agent BROWN, THOMAS G 4500 EXECUTIVE DRIVE Street Address (P.O. Box Number is Not Acceptable) 110 NAPLES FL 34119 Suite, Apt. #, Etc. City Zip Code 0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. gnature of egistered Agent 10/25/02 . 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 GNATURE: 0/25/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #





4500 Executive Drive Naples, FL 34119

November 12, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Response to your letter of November 4, 2002

Confirming our conversation with a representative in the reinstatement office, you have our check # 1112 in the amount of \$150.00 with an explanation of the late filing of this renewal.

During the past several months, many changes have taken place within our organization, along with extensive building renovations, personnel changes and relocation of our office. The uniform business reports renewal form was not received at our office.

We are addressing the situation immediately, as evidenced by our call to your office and this letter you requested. As you know, our corporation has been in good standing for many years and our renewals have been paid on a timely basis.

We appreciate your understanding and processing of this renewal. Thank you.

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Sincerely yours,

Thomas G. Brown President