

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P95000095795**

1. Corporation Name
INFOSALON NEWSLETTER SERVICES, INC.

Principal Place of Business Mailing Address
2311 W MORRISON AVE #18 TAMPA FL 33629 **2311 W MORRISON AVE #18 TAMPA FL 33629**

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
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARTIN, DONNA L	2311 W MORRISON AVE #18	TAMPA FL 33629

8. Name and Address of Current Registered Agent
MARTIN, DONNA L
2311 W MORRISON AVE #18
TAMPA FL 33629

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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.
 Signature of Registered Agent *Donna L Martin* Date **1/29/99**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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., 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: *Donna L Martin* 1/29/99 (813)251-1360
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D. yline Phone #

FILED
 FEB - 1 1999
 TAMPA, FLORIDA



REINSTATEMENT 96-09
 12/15/1995
 59 334 8228
 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 ***1200.00 ***1200.00

CR2E040 (7/96)