


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 01 DEC 14 PM 3:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000018277

1. Corporation Name
THE COURIER PEOPLE, INC.

Principal Place of Business 609 PIEDMONT DRIVE TALLAHASSEE FL 32312	Mailing Address 609 PIEDMONT DRIVE TALLAHASSEE FL 32312
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 02/28/1996	
5. FEI Number 59-3362417	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	MCBRIDE, ELEANOR C	609 PIEDMONT DRIVE	TALLAHASSEE FL 32312

400004740434--4
 -12/27/01-01010-014
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**MCBRIDE, ELEANOR C
 609 PIEDMONT DRIVE
 TALLAHASSEE FL 32312**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *Eleanor Chenault McBride* Date 12/14/01
 REGISTERED AGENT MUST SIGN

11. 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: *Eleanor Chenault McBride* Date 12/14/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)

12/14/01

To whom it may concern:

I did not receive the 1st + 2nd notices
of this application. I request waiver of
the late fee for the Courier People Dec # P9600021827.

Sincerely,

Eleana Chenault M.D.

The Courier People