PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILFD

SECHETARY OF STATE TALLAHASSEE, FLORIDA

00 NOV -6 AM 10: 29

P96000045710 DOCUMENT

1. Corporation Name

QUANTURO PI	UBLISHING,	INC.
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Principal Place of Business

800 BRICKELL AVE.

SUITE 1100 MIAMI FL 33131

Mailing Address

800 BRICKELL AVE. **SUITE 1100**

MIAMI FL 33131



US			US							
If above a	ddresses are	incorrect in any way, lin	e through incorrect in	formation a	nd enter co	rrection below.				
New Principal Office Address, If Applicable New Mailin			g Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 05/30/1996					
Suite, Apt. #, etc. Suite, A		Suite, Apt. #,	e, Apt. #, etc.		5. FEI Number Applied For					
City & State		City & State	City & State			65-0755242			Not Applicable	
Zip		Country	Zip		Country					itional Fee required tificate of Status
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flor	rida nonpro	fit corporati	ons must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3				City / State / Zip			
D	JACKSON, ESTHER			800 BRICKELL AVE, SUITE 1100				MIAMI FL 33131		
D	PESATURO, PHYLLIS			800 BRICKELL AVENUE, SUITE 1100			MIAMI FL 33131			
τ	PESATURO, ARTHUR			800 BRICKELL AVENUE, SUITE 1100			MIAMI FL 33131			
						·y	7	0000348: -12/01/00 ****150.0	36! 010 (579 37-009 ***150.00
										
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
						Name CORPO	RATE	ACCESS IN	IC_	
CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD.				Street Address (P.O. Box Number is Not Acceptable) 236 E 67H AVE						

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 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.

accept the obligations of Section 607.0505, F.S.

Date

Signature of

Registered Agent

TALLAHASSEE FL 32303

10. I, being appointed the registered agent of the above named corporation, am familiar with and

SIGNATURE AND TYPED OR PRINTED NAME F SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



November 1, 2000

Division of Corporations Annual Reports/Reinstatement Section PO Box 6327 Tallahassee FL 32314-6327

To Whom It May Concern:

To the best of my knowledge, we have never received the original Florida Department of State Annual Report forms in the mail for the following companies:

Media Design System Inc MDS Group Publishing Inc Advertising and Design Systems Inc Quanturo Publishing Inc

I have had our mail personnel repeatly check our files but could not find the original forms. Therefore, I am requesting that the reinstatement fee be waived.

Sincerely,

Media Design Systems Inc

Arthur Pesaturo Finance Director