

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103820

1. Corporation Name

IMPULSE MARKETING TECHNOLOGIES, INC. *99AR*

Principal Place of Business

Mailing Address

80 S.W. EIGHTH ST.
SUITE 2048
MIAMI FL 33131

80 S.W. EIGHTH ST.
SUITE 2048
MIAMI FL 33131

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 2310

Suite, Apt. #, etc.

SUITE 2310

City & State

City & State

Zip *33130*

Country

Zip *33130*

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1996

5. FEI Number

58-2315077

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 And Total 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
PD	HERNANDEZ, JAVIER	100 N BISCAYNE BLVD., STE 2100	MIAMI FL 33132
V	CORNELIUS, THOMAS	<i>SUITE 2310 80 SOUTHWEST 8TH ST.</i>	<i>MIAMI, FL 33130</i>

8. Name and Address of Current Registered Agent

REUG, ALEXANDER ESQ
100 N BISCAYNE BLVD
SUITE 2100, NEW WORLD TOWER
MIAMI FL 33132-2306

9. Name and Address of New Registered Agent

Name *WILLIAM T. NANOVSKY*
Street Address (P.O. Box Number is Not Acceptable) *80 SOUTHWEST 8TH STREET*
Suite, Apt. #, Etc. *SUITE 2310*
City *MIAMI* State *FL* Zip Code *33130*

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

[Signature] REGISTERED AGENT MUST SIGN

Date *11-08-99*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS CORNELIUS

Date *11-08-99* (305) 810-2710
Daytime Phone #

05/06/99 90080 001 156700

CR22040 (8/99)



October 18, 1999

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Re: FEI Number 58-2315077

Dear Madam or Sir:

We have received a "Notice of Administrative Dissolution or Revocation" of our company due to a "...failure to file its 1999 corporation annual report form..." However, on April 28, 1999 we mailed the Annual Report and paid our \$150.00 fee with our check number 1264 payable to "Department of State, Division of Corporations" (copy of cancelled check enclosed).

Please notify us at your earliest convenience that the Notice was issued in error.

Truly yours,

A handwritten signature in black ink, appearing to be "W. Nanovsky", enclosed within a hand-drawn oval.

William T. Nanovsky
Enc.