

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000054388

1. Corporation Name

SEED ADVERTISING, INC.

Principal Place of Business Mailing Address

3850 NE MIAMI CT
MIAMI FL 33127
US

3850 NE MIAMI CT
MIAMI FL 33127
US

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 | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 06/20/1997 | |
| City & State | City & State | 5. FEI Number | |
| Zip | Country | 65-0479884 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | 4. City / State / Zip |
|----------|-----------------------------------|--|-----------------------|
| P | VASQUEZ, TINA MORCATE | 3850 NE MIAMI CT | MIAMI FL 33127 |
| V | VASQUEZ, LOUIS | 3850 NE MIAMI CT | MIAMI FL 33127 |
| | | 400003455824--3 -11/07/00-01109--001 ****758.75 ****758.75 | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

VASQUEZ, TINA MORCATE
3850 NE MIAMI CT
MIAMI FL 33127

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

Tina Morcate
REGISTERED AGENT MUST SIGN

Date 10/12/00

CR2E040 (8/00)

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: *Tina Morcate*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA MORCATE VASQUEZ

305. AD
10/12/00 576.0802
Date Daytime Phone #