

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000000237

### 1. Corporation Name

**AUDIENCE DEVELOPMENT GROUP, INC.**

Principal Place of Business

Mailing Address

~~29 PRINCEWOOD LANE~~  
~~PALM BEACH GARDENS FL 33410~~

~~39 PRINCEWOOD LANE~~  
~~PALM BEACH GARDENS FL 33410~~

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

2025 E  
Suite, Apt. #, etc.

6547.  
Suite, Apt. #, etc.

#601  
City & State Grand Rapids, MI  
Zip 49546 Country USA

City & State  
Rockford, MI

Zip  
49341

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/02/1998

5. FEI Number

Applied For

65-0804133

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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
D	MASON, ALAN C	39 PRINGWOOD LANE 6547 Laguna Vista Dr. NE	PALM BEACH GARDENS FL 33410 Rockford, MI 49341
T	Mason, Rebecca L.	6547 Laguna Vista Dr. NE	Rockford, MI 49341
			300003434213--6 -10/23/00-01001-025 ****908.75 ****908.75

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

~~MASON, ALAN E~~  
~~89 PRINCEWOOD LANE~~  
~~PALM BEACH GARDENS FL 33410~~

Name John Frost  
Street Address (P.O. Box Number is Not Acceptable)  
2256 Quail Ridge  
Suite, Apt. #, Etc.

City Palm Beach Gardens	State FL	Zip Code 33418
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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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-6-00

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:**

Alan Mason  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/00 (616) 940-8309  
Date Daytime Phone #