

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P98000016612

1. Corporation Name

SOUTH FLORIDA MARKET RESEARCH SERVICES, INC.

Principal Place of Business

Mailing Address

8415 CORAL WAY, SUITE 201
MIAMI FL 33155

8415 CORAL WAY, SUITE 201
MIAMI FL 33155

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.		02/23/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0814719	
				Applied For	
				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
D	CUSAC, JOHN	2100 NE SUMMERVILLE CT.	MARIETTA GA 30066

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLEARY, CONSTANCE 8415 CORAL WAY, SUITE 201 MIAMI FL 33155		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 Constance Cleary **SIGNATURE REQUIRED** Date 10/26/00

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: John Cusac **SIGNATURE REQUIRED** 10/26/00 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P98-16612

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South Florida Market Research Services, Inc.

8415 Coral Way, Suite 201

Miami, Florida 33155

305/264-5780

305/264-6419-Fax

November 17, 2000

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

To whom it may concern:

I sent a report in to the office and you have never received it, therefore we mailed the sceond, which you have returned.

I spoke with Mr. Tyrone Scott and he informed me to return the enclosed to you.

On the first of April the original form including a check was mailed to your office.

You have not received same therefore we have sent the enclosed.

Very truly yours,

Jean M. Light
Jean M. Light

Project Director