

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 11:51

DOCUMENT # P98000035198

1. Corporation Name

EDITORS PRESS SERVICE, INCORPORATED

Principal Place of Business

Mailing Address

376 INTERSTATE CT
SARASOTA FL 34240

376 INTERSTATE CT
SARASOTA FL 34240

800003436498--6
-10/24/00--01041--026
****750.00 ****750.00



REINSTATEMENT 00

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.		04/17/1998	
City & State		City & State		5. FEI Number	
Zip		Country		13-2696305	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MANIGAULT, PETER	376 INTERSTATE CT	SARASOTA FL 34240
D	SLAGLE, KERRY D	376 INTERSTATE CT	SARASOTA FL 34240
D	ANDERSON, IVAN V JR.	376 INTERSTATE CT	SARASOTA FL 34240
D	LORENZO, MARIO	376 INTERSTATE CT	SARASOTA FL 34240
D	ROCKEY, TRAVIS O	376 INTERSTATE CT	SARASOTA FL 34240
D	MARTIN, JAMES W	376 INTERSTATE CT	SARASOTA FL 34240

8. Name and Address of Current Registered Agent

SLAGLE, KERRY D
376 INTERSTATE CT
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name	
MARIO LORENZO	
Street Address (P.O. Box Number is Not Acceptable)	
376 Interstate Ct.	
Suite, Apt. #, Etc.	
City	State Zip Code
SARASOTA	FL 34240

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] Date OCT. 12, 2000
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO LORENZO

Date 10/12/00 Daytime Phone # (941) 371-2252