PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AFF	PLICATION
$\frac{1}{2}I$	FOR
REINS	STATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

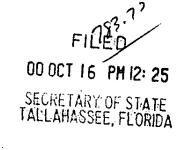
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1. Corporation Name

ELECTRONIC LIST COMPANY

Principal Place of Business

Mailing Address





206 NW 92N CORAL SPR US	ND AVE RINGS FL 33071	206 NW 92NI CORAL SPRII US						
					REINSTATEMENT CO			
If above addresses are incorrect in any way, line through incorrect information and enter correction bel New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					orated or Qualified	Mary Market	<u></u>	
					To Do Business in Florida 12/10/1998 SP			SP
Suite, Apt. #, etc. Suite, Apt. #.		Suite, Apt. #,	etc.		5. FEI Number Applied For			
. City & State	City & State City & State				65-0883716 Not Applicable			
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 68.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3			City / State / Zip		
D			206 NW 92ND A	2ND AVE		CORAL SPRINGS FL 33071		
D	ENGLISH, SABRINA	206 NW 92ND AVE			CORAL SPRINGS FL 33071			
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	20 M V			· · · · · · · · · · · · · · · · · · ·		****758	.75 ****758	. 75
						9		
	8. Name and Address of Curre	t Registered Age	ent		Name and Address of New Registered Agent			
ENGLISH, NORMAN P Twe Just			+ Got	Name Street Address (P.O. Box Number is Not Acceptable)				
ENGLISH, NORMAN P 206 NW 92ND AVE 3307/ CORAL SPRINGS FL 33065 SA-D		ZIP Suite, Apt. #, Etc						
				City			State Zip Code	
10. I, being Signature o Registered	Agent	TOR	DENT MUST SIGN	ith and accept the o	bligations of Sect	Date	10/00	
11. I certify this rein	that I am an officer or director or the re- estatement application, the reason for di	eiver or trustee en	mpowered to execute eliminated, the corpo	this application as porate name satisfies	the requirements	apter 607 or 617, F.S. I f	617.0401, F.S., that all	rees

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), on this application is true and accurate, and my signature shall have the same legal effect and made under oath.

Daytime Phone #