

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000040904

1. Corporation Name

DOTMARKETING, INC.

Principal Place of Business Mailing Address

95 MERRICK WAY
300
CORAL GABLES FL 33134
US

95 MERRICK WAY
300
CORAL GABLES FL 33134
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**

Suite Apt # etc

City & State

Zip

7. Names and Street Addresses of Each Officer and/or Director. (Florida non-profit corporations only) _____

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIGHAM, TIMOTHY

95 MERRICK WAY, STE 300
CORAL GABLES FL 33134

Name _____

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

State Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

Date _____

10/22/03

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 REQUIRED

10/22/03 305.648.1484
Date Daytime Phone #