PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056078

1. Corporation Name

MARKET ANALYSIS INTERNATIONAL, INC.

REINSTATEMENT 02-07

2. Principal Office Address	**3.** Mailing Office Address
500 E. BROWARD BLVD.	
Suite, Apt. #, etc.: STE. 1400	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State
Zip: 33394 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/18/1999

5. FEI Number: 52-2185348 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: JAMES B. DAVIS

900025509959
12/15/03--01062--020 **900.00

Street Address (P.O. Box Number is Not Acceptable): 500 E. BROWARD BOULEVARD

Suite, Apt. #, Etc.: SUITE 1400

City: FORT LAUDERDALE | State: FL | Zip Code: 33394

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: James B. Davis Date:

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Ridgeway, Deborah Joanne	500 E. Broward Blvd., #1400	Fort Lauderdale, FL 33394
S,T	Peabody, Margaret Angela	500 E. Broward Blvd., #1400	Fort Lauderdale, FL 33394

10. 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: Deborah J. Ridgeway Deborah J. Ridgeway 10/30/03 305-670-3945

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