		PLEASE READ A	LL INST	RUCTI	ONS E	BEFORE C	OMPLETI	NG THIS FORM	M7	
REINS		ION	FLORIDA S		RTMENT 3. Morti ry of St	Γ OF STATE ham ate	7	ALL MANAGEMENT OF THE PARTY OF	1010	
DOCUMENT # S37425							SERVICE TARY IN STATE			
Nept	une Ma	rketing Technol	ogies, I	nc.						
Principal Place of Business Mailing Address										
								istateme i	11 2 18	
					ling Office Address, If Applicable 1dcrest AVenue			orated or Qualified ness in Florida 3/13/19	91	
Raritan Plaza II Rar							6. FEI Number Applied For Not Applicable			
					Country		6. CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required to a Certificate of Status			
	d Street Add	resses of Each Officer and/or D	Director (Florida	nonprofit co	orporations	must list at least	3 directors)			
Title(s)	Name of Officers and/or Directors John DiDomenico			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N 91 Fieldcrest Aver			or	City / State / Zip		
P, V							enue	nue Edison, NJ 08837		
S Barbara DiDomenico			91 Fieldcrest Avenue			enue	Edison, NJ 08837			
	_ ,							0000260 5	46:8F	
									4000	
								1	1298	
8. Name and Address of Current Registered Agent					9. Name			Address of New Registered Ag	ent /	
CORPORATION SERVICE COMPANY										
1201 Hays Street Street Street Address (P							P.O. Box Number is Not Acceptable)			
Tallahassee, FL 32301						Suite, Apt. #, E	#, Etc.			
						City		State	Zip Code	
10. I, being Signature of Registered A		e registered agent of the above : Aloreur J. REG	Dust	Ition, am far NT MUST !	miliar with a lost SIGN	end accept the obl	igations of Section	007.0505, F.S. Date July	31, 1998	
		ration owes or has Personal Property				Yes	□ No D		e for information gible tax.}	

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

12. 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 filling 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.



ACCOUNT NO. : 072100000032

REFERENCE

889092

AUTHORIZATION

COST LIMIT : \$ 1650.00

ORDER DATE : July 13, 1998

ORDER TIME: 11:54 AM

ORDER NO. : 889092-005

CUSTOMER NO: 7134025

CUSTOMER: Barbara Didomenico, Esq

Neptune Marketing 2109 Broadway

New York, NY 10023-2109

DOMESTIC FILINGS

NAME:

NEPTUNE MARKETING TECHNOLOGIES, INC.

XX __ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS