2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S84590

1. Entity Name
PUBLISHER INQUIRY SERVICES, INC.

FILED
2008 JUL 21 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
100302008 REIN-P CR2E098 (1/07) 07-08

Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY NW BOX 3008 BOCA RATON, FL 33431	951 BROKEN SOUND PKWY NW BOX 3008 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18121 Daybreak Drive	18121 Daybreak Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. FEI Number: 65-0287986 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVITCH, DAVID
951 BROKEN SOUND PKWY NW
SUITE 108
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 18121 Daybreak Drive

City: Boca Raton FL Zip Code: 33496

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SAVITCH, DAVID 951 BROKEN SOUND PKWY NW BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Savitch, David 18121 Daybreak Drive Boca Raton, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVITCH, AARON D 951 BROKEN SOUND PKWY NW. BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROSS, VERNON C 951 BROKEN SOUND PARKWAY NW BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President DAVID SAVITCH 7/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Mitchell JUL 21 2008