

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -7 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003169

1. Corporation Name
HRN Marketing Services, Inc

2. Principal Office Address
200 E. Las Olas Blvd.

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite 1760

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

Zip
33301

Country
Dade

Zip

Country

4. Date incorporated or Qualified To Do Business In Florida 6-5-00

5. FEI Number 75-2872045

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

500048442425

03/15/05 01060 012 **12 10.00

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 *[Signature]* by LAUREL LEIGHTON, REGISTERED AGENT MUST SIGN
NRAI SERVICES, INC.
ASST. SEC.

Date 2/28/05

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
Pres/Dir	Cheryl F. Rorer	10440 N. Central Expwy Suite 400	Dallas, TX 75231
VP/Dir	IRVIN D. KLOTZ	"	"
Secy	Kathleen H. Rowley	"	"
Treas	Gary Spinnel	"	"
Asst Secy	Linda C. Essary	"	"

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05
Date

Daytime Phone #

CR2E081 (01/05)