REINS	PLICAT FOR STATE	ION (FLORIDA	NT OF STATE	FILED 1997 JAN 30 AN 8: 57				
1. Corporation Name ADVANCED PAYLESS COMMUNICATIONS CORP.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
,				ce of Business					
#350 ST				3118 GULF TO BAY BLVD. STE 105 CLEARWATER, FL 34619 gh incorrect information and enter correction below.			DO NOT WRITE IN THIS SPA	CE	
				Principal Office Address, If Applicable		Date incorporated or Qualified To Do Business in Florida 01/31/1990			
1			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State			59-2996843 Not Applicable 6.			
Žip		Country	Zip	Count	у	CERTIFICATE		Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each									
Title(s) 1					ficer and/or Director se Post Office Box N		City / State	e / Zip	
DPV	BRESLIN, RICHARD			12 CLEARWATER MALL #350 CLEARWATER, FL. 3462				FL. 34624	
DST BRESLIN, JENNIFER				12 CLEARWATER MALL #350 CLEARWATER, FL. 34624					
				800020761989 -02/03/9701066009 ****383.75 ****383.75					
•									
			······································	REINSTATEMENT OF THE PROPERTY					
					KEI	KEINO IVI PILIPIA, WALLES			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name				
RICHARD BRESLIN					Street Address (P.O. Box Number is Not Acceptable)				
12 CLEARWATER MALL #350 CLEARWATER, FL. 34624					Sulte, Apt. #, Etc.				
					City State Zip Code				
10. I, being appointed the registered scent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN Date //-/3-96									
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)									
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on inlangible tax.)									
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all tees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.									
SIGNAT		IGNATURE AND THE OR HAI	ITEO NAME OF S	ENING OFFICER OF	resident		1113-96 Day	time Phone #	