PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	THE ENGLISH TO THE	Secretar	TMENT OF STATE y of State orporations	2007	JUN 12 PEM 12: 50
DOCUMENT # P02000068109 1. Corporation Name				SEC TALI	CRETARY OF STATE LAHASSEE.FLORID
FACTORY DIRECT REP, INC				REINSTATEMENT 05-07	
2. Principal Office Address - No P.O. Box # 12280 BRITT ROAD		3. Mailing Office Address P O BOX 735		REINSTATEMENT CR2E081 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date		porated or Qualified ness in Florida 06/19/2002
City & State PARRISH, FL		PARRISH, FL		58-3653512 Applied For Not Applicable	
^{Zip} 34219	Country	^{Zip} 34219	Country USA	6- CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status	
7. Name and Address of Current Regis BLAIR SQUIRE Street Address (P. Box Number is Not Acceptable) Suite, Apt. #, Etc. PARRISH			The received		instatement fee is imposed, except in stances which the entity did not receive or notices. By checking this box, you entifying the prior notices were not ed and requesting the reinstatement waived.
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					
9. Names and Street Addresses of Each Officer and/or Director (Florid			ide nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip
PRES BLAI	RES BLAIR SQUIRE		12280 BRITT ROAD		PARRISH, FL 34219
				800104250548 05/12/0701030003 **1000.00 800104250548 05/12/0701030004 **50.00	
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 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					

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