PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 30 PM 3:11

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 666032

1. Corporation Name
GLOBAL WIDE WEB, INC.

100004662931--6
-11/01/01--01055--006
******8.75 ******8.75
100004662931--6
-11/01/01--01055--007
****750.00 ****750.00

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
45 John Street	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.
City & State: New York, New York	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: April 7, 1980 SF

5. FEI Number: 752792660 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee — State: FL — Zip Code: 32301-2607

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: Deborah D. Skipper — Deborah D. Skipper Asst. Secretary — Date: 10/30/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO, DIR	Peter J. Boonen	45 John Street, Ste. 900	New York, New York
CFO	Peter J. Boonen	45 John Street, Ste. 900	New York, New York
SEC, DIR	Barry L. Evans	101 E. Park Blvd., Ste 711	Plano, Texas 75074

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: Peter Boonen — PETER BOONEN — Oct 29, 01 — 212-6082100 — 14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (9/95)