


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 16 AM 9:35

DOCUMENT # F0000006788
1. Corporation Name
Global Knowledge Network, Inc.

900066393729
02/22/06--01036--030 **750.00

3/18/05 01025 UUS 8.75
09/12/05 90005 007 150 x00

2. Principal Office Address 9000 Regency Parkway Suite, Apt. #, etc. Suite 500 City & State Cary, NC Zip 27511 Country		3. Mailing Office Address 9000 Regency Parkway Suite, Apt. #, etc. Suite 500 City & State Cary, NC Zip 27511 Country	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 13-3860296 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 C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

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 Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT Date 2-13-06

REGISTERED AGENT MUST SIGN

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
CEO	Joseph Cece	9000 Regency Parkway	Cary, NC 27511
CFO	Brian Branson	9000 Regency Parkway	Cary, NC 27511
SEC	Brian Holland	9000 Regency Parkway	Cary, NC 27511
DIR	Robert Minicucci	320 Park Avenue	New York, NY 10022
DIR	Tom McInerney	320 Park Avenue	New York, NY 10022
DIR	Sanjay Swani	320 Park Avenue	New York, NY 10022

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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-3-06 Daytime Phone # 919-460-3279