FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAR 24 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003599

1. Corporation Name

Fidelity Information Corporation

800012798948
04/11/03--01037--016 **150.00

REINSTATEMENT

02-03

2. Principal Office Address		**3.** Mailing Office Address	
17383 Sunset Blvd.		17383 Sunset Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#300		~~#300~~ 370	
City & State		City & State	
Pacific Palisades, CA		Pacific Palisades, CA	
Zip	Country	Zip	Country
90272	U.S.	90272	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 12-4-92

5. FEI Number 95-4399678 — 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

800012798948
02/20/03--01007--009 **750.00

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: Carol Record Carol Record Assistant Secretary — Date: 1/27/03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Jeff Cronrod	17383 Sunset Blvd. #300	Pacific Palisades, CA 90272
VP/Sec	Merryl Cronrod	17383 Sunset Blvd. #300	Pacific Palisades, CA 90272

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: Jeff Cronrod 12-12-02 3105739944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #