

PLEASE READ ALL INSTRUCTIONS BEFORE COI

FILED
May 13, 2003 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000050233

1. Corporation Name

Sell It Right Network, Inc.

800019839258

05/23/03--01029--024 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address

2520 SW 22ND ST

Suite, Apt. #, etc.

#2-379

City & State

MIAMI, FL

Zip

33145

Country

USA

3. Mailing Office Address

2250 SW 22ND ST

Suite, Apt. #, etc.

#2-379

City & State

MIAMI, FL

Zip

33145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1055602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee (with out
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Registered Agents Legal Services, Inc.

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

1333 North Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

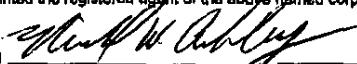
State

FL

Zip Code

32302

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

Michael W. Ashley, V.P.

Date

5/6/03

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
Pres/ Trea	RALPH INCERSOLL	2520 SW 22 ND ST #2-379	MIAMI, FL 33145
Sec.	JACQUELINE HOLLAND	2520 SW 22 ND ST #2-379	MIAMI, FL 33145

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:

 JACQUELINE
HOLLAND

MAY 1, 2003

888-289-2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gt 5/14