

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000002062

1. Corporation Name

LD EXCHANGE.COM, INC.

2. Principal Office Address
2510 N. Redhill Ave.

3. Mailing Office Address
6455 East Johns Crossing

Suite, Apt. #, etc.
Ste. 230

Suite, Apt. #, etc.
Suite 285

City & State
Santa Ana CA

City & State
Duluth GA

Zip
92705-5542

Country
USA

Zip
30097

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/10/2000

5. FEI Number
33-0740085

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
NATIONAL CORPORATE RESEARCH, LTD, INC.

Street Address (P.O. Box Number is Not Acceptable)
1406 HAYS STREET

Suite, Apt. #, Etc.
SUITE 2

City
TALLHASSEE

State
FL

Zip Code
32301

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

REGISTERED AGENT MUST SIGN

Date 10/26/01

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
P/D	John Snedegar	2510 N. Redhill Ave., Ste. 230, Santa Ana, CA 92705-5542	
V/D	Patrick F. Stone	2510 N. Redhill Ave., Ste. 230, Santa Ana, CA 92705-5542	
S	Joseph E. Root	2510 N. Redhill Ave., Ste. 230, Santa Ana, CA 92705-5542	
T	Dale Christiansen	2510 N. Redhill Ave., Ste. 230, Santa Ana, CA 92705-5542	

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: Dale Christiansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 622-4566

Date

Daytime Phone #