

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003777

1. Corporation Name

Get Answers, Inc

2. Principal Office Address
4501 Prairie Ave.

Suite, Apt. #, etc.
#8

City & State
Miami Beach, FL

Zip Country
33140 USA

3. Mailing Office Address
4501 Prairie Ave.

Suite, Apt. #, etc.
#8

City & State
Miami Beach, FL

Zip Country
33140 USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** July 6, 2000

5. FEI Number
52-2242423

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
CT Corporation System

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

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 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

PETER F. SOUZA
ASSISTANT SECRETARY

Date 5/21/04

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
D	Murray Sheldon, M.D.	938 Corte Diablo	Martinez, CA 94553

400037671894
06/04/04--01060--011 **900.00

5/26/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

as Received 5/11/04 (521) 650-7264
for GetAnswers, Inc.

CR2E081 (01/04)