07/22/2003 11:49 NO.631 0001

F00000004415

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 AUG 18 PM 3:48

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500021942365
07/30/03--01006--005 **1050.00

DOCUMENT # F00000004415

1. Corporation Name
Center for Information Access Inc.

2. Principal Office Address	3. Mailing Office Address
108 E. Sahara Ave.	410 White Horse Pike
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.:
City & State: Las Vegas, NV	City & State: Haddon Heights, NJ
Zip: 89104 Country: USA	Zip: 08035 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/2000

5. FEI Number: 880422642 ☐ 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: Skip Selzer

Street Address (P.O. Box Number is Not Acceptable): 14493 68th Dr. N.

Suite, Apt. #, Etc.:

City: Palm Beach Gardens State: FL Zip Code: 33418

DC 08/19/03

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: Skip Selzer Date: 8-14-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Robert W. Bond	35 Marcia Rd.	Ringwood/ NJ/ 07456
S	Joseph Malone	10 Otterhill Ct.	Sussex/ NJ/ 07461

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: President Robert W. Bond 7/8/03 856-310-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #