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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED
06 JAN 12 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004911

1. Corporation Name
Active.Com, Inc.

2. Principal Office Address 10182 Telesis Ct. Suite, Apt. #, etc. Ste 300 City & State San Diego, CA Zip 92121		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country	
Country US		Country	

REINSTATEMENT

CR2E081 (8/05)

01-016

4. Date Incorporated or Qualified To Do Business in Florida 8/31/2000	Applied For Not Applicable
5. FEI Number 330884962	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <i>NRAI SERVICES, INC.</i>		000064525020
Street Address (P.O. Box Number is Not Acceptable) <i>2731 EXECUTIVE DRIVE Suite 4</i>		
Suite, Apt. #, Etc.		
City <i>Weston</i>	State FL	Zip Code <i>33331</i>

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 *Janita Mahoney, Ass't Sec.* **Date** *11/2/05*

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
Attached			

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: *Norman Dawhling* **Norman Dawhling** **CFO** **Date** *10/24/05* **Daytime Phone #** *858-964-3800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2022

Officers

<u>Name</u>	<u>Title</u>
Dave Alberga	CEO
C/O 10182 Telesis Ct, Ste 300, San Diego CA 92121	

Jon Belmonte	COO
C/O 10182 Telesis Ct. Ste 300, San Diego CA 92121	

Matthew Landa	President
C/O 10182 Telesis Ct. Ste 300, San Diego CA 92121	

Jim Woodman	Vice President
C/O 10182 Telesis Ct. Ste 300, San Diego CA 92121	

Kory Vossoughi	Vice President
C/O 10182 Telesis Ct. Ste 300, San Diego CA 92121	

Norman Dowling	CFO
C/O 10182 Telesis Ct. Ste 300, San Diego CA 92121	