Fologodd 3352

Registration Section

TO:

| Division of Cor | porations | - | · |
|---|---|--|--|
| SUBJECT: | LISTS. com. | INC | |
| - | | ion - must include suffix) | · · · · · · · · · · · · · · · · · · · |
| Dear Sir or Madam: | | Ē | '00904435577 96/21/61-510597_005 ******87.50 ****** |
| | ion by Foreign Corporation for e", and check are submitted to lorida. | | |
| Please return all corresp | ondence concerning this matt | er to the following: | |
| | JOHN M. P | EESE | |
| | (Name o | of Person) | |
| | LISTS. COM | , INC. | |
| - | | ompany) | |
| | | E DESTINY RD. | Suite 125 |
| | MAITLAND, FL | 32751 | |
| | | and Zip code) | |
| | | | Florida Corp P98-53178 |
| For further information | concerning this matter, please | call: | P98-53178 |
| BRIAN DOWNIN | |) 475-1130 | |
| (Name of Perso | n) (Area | Code & Daytime Telephone | Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | FILED 101 JUN 21 AM II: 49 SEGRETARY OF STATE TALLAHASSEE, FLORIDA |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | 3 \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, With Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | | -1575.co | M . 1 | ENG | | | | _ | - | 71.4 |
|------------|---------------------------------------|-----------------------------|---------------------|--|----------------|--|---------------|--------------------|-----------------|--------------------|
| | (Name of corporati | on; must inc | clude the | word "INCORPOR | ATEI | o", "COMPAN | VY", "CORI | PORATION | 'or | |
| | words or abbreviati | ions of like i | import in | language as will cle | early i | ndicate that it | is a corpora | tion instead o | of a | |
| | natural person or pa | artnership if | not so co | ontained in the name | e at pr | esent.) | | | · | |
| 2. | | LAWARE | | | | 5 | 9-366 | 8913 | | |
| | (State or country u | nder the law | of which | h it is incorporated) | | | | er, if applica | ble) | |
| 4. | FEC | 3 24. | 1955 | | 5. | | | | | |
| | (Date of | incorporati | | | | (Duration: Ye | ar corp. wil | l cease to exi | ist or "perpetu | ıal") |
| 6. | FE | 3 24. | 1555 | | # (| 98 - 5317 | 8 | | | |
| | Date first transacted | d business ir | 1 Florida | . If corporation has | | | | da, insert "un | on qualificati | on.") |
| | | | (SEE | E SECTIONS 607.1 | 501, 6 | 07.1502 and 8 | 317.155, F.S | .) | | ·· / · |
| 7. | | 1001 1 | l. LA | LE DESTILLY | T |) <té< th=""><th>: 125</th><th>100.00</th><th> 61</th><th>32251</th></té<> | : 125 | 100.00 | 61 | 32251 |
| | | | | (Principal office | addres | s) | - 163 | · V-IP-CFICE | NO FC | 36191 |
| | | 1001 | Ν. ε | AKE DESTIN | . . | | ~ . | that a beauty | | 3 |
| | | | | (Current mailing | addres | s) | <u>e (25</u> | AACM M.C. | AMD FL | 3532. |
| | | | | 8 | | -, | | | | |
| 8. | | THTED | NET | SERVICES : | | age of | | | ⊣ ∩ | • |
| Ψ. | (Purpose(s) o | f corporation | n authori | zed in home state of | r coun | try to be carrie | ed out in sta | te of Florida) | | |
| ^ | | | | • | 2 14 | | | | ~~~ . | 1 |
| 9. | Name and street | <u>address</u> of | f Florid | a registered ager | it: (P | O. Box of M | Iail Drop F | Box- <u>NOT</u> ac | contable) | = |
| | Name: | JOHN | M. P | EESE | | | | | 35.0 V 0 | ា |
| | | - | | | | | , | | FS A | |
| Off | fice Address: | 001 N. | LAK | E DESTINA | <u>69.</u> | #125 | | | SA = | • • |
| | | MAITL | CMA | | | , Florida _ | 32751 | | | 5 |
| | | | (City) | | | , 1 xorida _ | (Zip code | | | |
| 10 | The state of | | | | | | , <u>-</u> | | | |
| lU. Far | Registered agen | t's accepta | ance: | * | . | .c c | | | | |
| lesi | ving been named ignated in this ap | us register plication. I | eu agen I herebv | i ana io accept se accent the annoi | rvice ntmo: | OJ process jo nt as rocietor | or the abov | e stated coi | poration at | the place |
| uri | ther agree to com | ply with th | e provis | ions of all statute | s rela | tive to the m | roner and i | complete ne | erformance i | apacuy. 1 of mv |
| luti | ies, and I am fam | iliar with o | and acce | ept the obligation | s of m | y position a | s registeree | d agent, | | ojy |
| | | | | ^ 4 | | | | | | |
| | | | | h m | 1 | _ | | | | |
| | | | | 4/1014 // / | | 2 | | | | |
| | | | | Registered agent's | Signa | ture) | | | | |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRECTOR | a | · · · |
|--|--|--|
| a director | 3 | |
| Chairman: | JOHN M. REESE | |
| | 1001 N. LAKE DESTINY RD #125 | |
| | MAIT LAND, FL 32751 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| iddress: | <u> </u> | |
| | | |
| Director: | | |
| Address: | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| 3. OFFICERS | | |
| | TOHN M. REFLE | |
| resident: | JOHN M. REESE | ZSF 2 |
| resident: | 1001 M. LAKE DESTINY RD \$ 125 | SECRE TALLA |
| resident: | MAITLAND, FL 32751 | |
| resident: | MAITLAND, FL 32751 | ILE 21 SSEE |
| resident: | MAITLAND, FL 32751 | 21 M SSEE, FL |
| resident: ddress: ice President: ddress: | MAITLAND, FL 32751 | 21 MILED ARY OF STATE SSEE, FLORIDA |
| resident: ddress: ice President: ddress: | MAITLAND, FL 32751 | 21 MILED ARY OF STATE SSEE, FLORIDA |
| resident: ddress: ice President: ddress: | MAITLAND, FL 32751 | 21 MILED ARY OF STATE SSEE, FLORIDA |
| resident: ddress: ddress: ecretary: ddress: | MAITLAND, FL 32751 | 21 MI: 49 SSEE, FLORIDA |
| resident: iddress: ddress: ecretary: ddress: | MAITLAND, FL 32751 | 21 MI: 49 SSEE, FLORIDA |
| Address: /ice President: address: ecretary: ddress: reasurer: | MAITLAND, FL 32751 | 21 MI: 49 SSEE, FLORIDA |
| resident: ddress: ecretary: ddress: ddress: ddress: | INDITION LAKE DESTINY RD \$\frac{1}{125} MAITLAND, FL 32751 Ty, you may attach an addendam to the application listing additional office. | 21 MI: 49 SSEE, FLORIDA |
| resident: ddress: ice President: ddress: ecretary: ddress: reasurer: ddress: OTE: If necessa | MAITLAND, FL 32751 Ty, you may attach an addendym to the application listing additional off | SSEE, FLORIDA icers and/or directors. |
| resident: ddress: ecretary: ddress: reasurer: ddress: OTE: If necessa | INDITION LAKE DESTINY RD \$\frac{1}{125} MAITLAND, FL 32751 Ty, you may attach an addendam to the application listing additional office. | SSEE, FLORIDA icers and/or directors. |

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LISTS.COM, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D.
2001.

AND-I DO HEREBY FURTHER CERTIFY THAT THE SAID LISTS.COM,
INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY,
A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

O1 JUN 21 M II: 49
SECRETARY OF STATE.
TALL AN SSEE ELOPINA



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1172882

DATE: 06-06-01

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