FILED

07 SEP 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001027

1. Corporation Name

Providea, Inc.

W07 – 46680

REINSTATEMENT 03-07 RS

CR2E081 (1/07)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
11551 Addison Chase Drive	801 Avenida Acaso
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL	City & State: Camarillo, CA
Zip: 33569 Country: USA	Zip: 93012 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2002

5. FEI Number: 77-0517178 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

National Registered Agents

Street Address (P.O. Box Numbers Not Acceptable)
2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City: Weston State: FL Zip Code: 33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Gabriel Hughes, Assistant Secretary Date: 9/21/07

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
CEO	Tom C. Bailey	801 Avenida Acaso	Camarillo, CA 93012
CFO	Todd Steiner	801 Avenida Acaso	Camarillo, CA 93012
Corp. Sec.	Teri Bevan	801 Avenida Acaso	Camarillo, CA 93012
			800109960338 09/26/07--01035--013 **1,050.00
			800109960338 09/26/07--01035--014 **7.50

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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and any signature shall have the same legal effect as if made under oath.

SIGNATURE: Teri Bevan Teri Bevan, Corporate Sec. 8/14/07 805.384.2408

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #