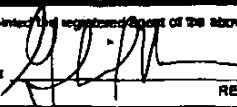


FILED

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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.					
2. Principal Office Address - No P.O. Box # 11551 Addison Chase Drive			3. Mailing Office Address 4107 - 46680 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. FE Number 77-0517178				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ SEE 22-10000-10000-10000-10000					
7. Name and Address of Current Registered Agent					
National Registered Agents					
2731 Executive Park Drive, Suite 4					
Suite, Apt. #, Etc.					
City Weston			State FL	Zip Code 33331	
8. I, being appointed the registered agent of the above named corporation, do hereby turn and accept the obligations of section 607.0505 or 617.0503, 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)					
Title	Name of Officer and/or Director	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	
				800109950339 09/26/07--01035--013 **150.00	
				800109950339 09/26/07--01035--014 **12.50	
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 in this application is true and accurate, and any signature shall have the same legal effect as if made under oath.					
SIGNATURE 		Teri Bevan, Corporate Sec. 8/14/07		805.384.2408	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					