PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 MAY -4 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600075895536
06/07/06--01003--001 **1050.00

DOCUMENT # F03000003640

1. Corporation Name

America's Platinum Privileges, Inc

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
605CrescentExecutive		605CrescentExecul-	
Suite, Apt. #, etc. Court Suite 100		Suite, Apt. #, etc. ive Court Suite 100	
City & State Lake Mary, FL		City & State Lake Mary, FL	
Zip 32745	Country US	Zip 32745	Country US

4. Date Incorporated or Qualified To Do Business in Florida 07/22/2003

5. FEI Number 56-2374284 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William R. Pickering

Street Address (P.O. Box Number is Not Acceptable): 605 Crescent Executive Court

Suite, Apt. #, Etc: Suite 100

City: Lake Mary | State: FL | Zip Code: 32745

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: William R Pickering — Date: 5-1-06

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
P	William R. Pickering	605 Crescent Executive	
		Court Suite 100	Lake Mary, FL 32745

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 my signature shall have the same legal effect as if made under oath.

SIGNATURE: William R Pickering, Pres. — William R Pickering, Pres. — 5-1-06 — 321 206 0030

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