Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
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CORPORATION REINSTATEMENT

PR@VANTAGE INC.

Certificate of Status	0
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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 # F05000007360

1. Corporation Name
PR@VANTAGE INC.

REINSTATEMENT 07-11

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
90 New Montgomery Street	90 New Montgomery Street
Suite 1414	Suite 1414
San Francisco, CA	San Francisco, CA
94105 USA	94105 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
22-3659489 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
UNITED CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
9200 SOUTH DADELAND BLVD.

Suite, Apt. #, Etc.
SUITE 508

City: MIAMI State: FL Zip Code: 33156

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 _____ Date 5/9/11
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	ILENE ADLER	90 New Montgomery Street	San Francisco, CA 94105
CD	ILENE ADLER	90 New Montgomery Street	San Francisco, CA 94105
DCOO	ROB ADLER	90 New Montgomery Street	San Francisco, CA 94105

10. E-mail Address: arlene.barnet@unitedcorporate.com
(To be used for future annual report notification)

11. 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. I further certify, 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: Ilene Adler May 6, 2011 (415) 986-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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