

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001902

1. Corporation Name

AMERICA ONLINE, INC.

Principal Place of Business

22000 AOL WAY
DULLES VA 20166

Mailing Address

22000 AOL WAY
DULLES VA 20166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1995

5. FEI Number

54-1322110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	CASE, STEPHEN M	22000 AOL WAY	DULLES VA 20166
SVPT	HEADEN, DENNIS Murphy, Raymond J.	22000 AOL WAY	DULLES VA 20166
POPO CFO	MONSIE, THEODORE Kelly, J. Michael	2200 AOL WAY	DULLES VA
POPO PCOO	PITTMAN, ROBERT	2200 AOL WAY	DULLES VA
SVP	GILBURNE, MILES R	22000 AOL WAY	DULLES VA 20166
X SVPS	STANLEY, MARK Clark, Sheila A.	2200 AOL WAY	DULLES VA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000003053420--0

11/23/99--01058--028

***600.00 ***600.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Sheila A. Clark

REGISTERED AGENT MUST SIGN

Date

11/18/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Sheila A. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila A. Clark,
Senior Vice President & Corporate Secretary

11-16-99

Date

703/265-1000

Daytime Phone #