



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |  |  |                           |  |  |
|---|--|--|---------------------------|--|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br>DIVISION OF CORPORATIONS |                           | <b>FILED</b><br><b>02 FEB 19 PM 4:01</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| <b>DOCUMENT #</b> <u>F99000002498</u>   |  |  |                           |  |  |
| <b>1. Corporation Name</b><br><u>Communication Resources</u><br><u>INCORPORATED OF DELAWARE</u>   |  |  |                           |  |  |
| <b>2. Principal Office Address</b><br><u>200 E Broward Blvd</u><br>(Suite) Apt. #, etc.<br><u>2100</u>  |  | <b>3. Mailing Office Address</b><br><u>same</u><br>Suite, Apt. #, etc.   |                           |                    |  |
| <b>City &amp; State</b><br><u>Ft Lauderdale, FL</u>   |  | <b>City &amp; State</b>  |                           |  |  |
| <b>Zip</b><br><u>33301</u>  | <b>Country</b><br><u>USA</u>             | <b>Zip</b>   | <b>Country</b>            |  |  |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br><u>5/3/99</u>   |  | <b>5. FEI Number</b><br><u>6508-50180</u>  |                           |  |  |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>See instructions for completed form at website: www.flsos.com</small>  |  |  |                           |  |  |
| <b>7. Name and Address of Current Registered Agent</b>  |  |  |                           |  |  |
| <b>Name</b><br><u>CT Corporation System</u>   |  |  |                           |  |  |
| <b>Street Address</b> (P.O. Box Number is Not Acceptable)<br><u>1200 S. Pine Island Rd</u>  |  |  |                           |  |  |
| <b>Suite, Apt. #, Etc.</b>  |  |  |                           |  |  |
| <b>City</b><br><u>Plantation</u>  |  |  |                           |  |  |
| <b>State</b><br><u>FL</u>   |  |  |                           |  |  |
| <b>Zip Code</b><br><u>33324</u>   |  |  |                           |  |  |
| <b>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.</b>   |  |  |                           |  |  |
| <b>Signature of Registered Agent</b> <u>Scott Peterson</u> <b>REGISTERED AGENT MUST SIGN</b>  |  |  |                           |  |  |
| <b>Date</b> <u>2/15/02</u>  |  |  |                           |  |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>  |  |  |                           |  |  |
| <b>Titles</b>   | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>  | <b>City / State / Zip</b> |  |  |
| CEO   | Chad George                              | 200 E Broward Blvd STE 2100  | Ft Lauderdale, FL 33301   |  |  |
| Pres.   | Colin McWay                              | 200 E Broward Blvd, STE 2100   | Ft. Lauderdale, FL 33301  |  |  |
| CFO   | Scott Peterson                           | 200 E Broward Blvd, STE 2100   | Ft. Lauderdale, FL 33301  |  |  |
| <b>800005064278--6</b><br><b>-03/07/02--01052--002</b><br><b>***1050.00 ***1050.00</b>  |  |  |                           |  |  |
| <b>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 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.</b> |  |  |                           |  |  |
| <b>SIGNATURE:</b> <u>Scott Peterson</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>   |  |  |                           |  |  |
| <b>Date</b> <u>2/15/02</u>  |  |  |                           |  |  |
| <b>Daytime Phone #</b> <u>954-678-3558</u>  |  |  |                           |  |  |