APPROVED AND FILED

01 JAN -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

DOCUMENT # F99000006645

1. Corporation Name
ZONAFINANCIERA.COM, INC.

2. Principal Office Address	3. Mailing Office Address
2721 Prosperity Avenue	2721 Prosperity Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fairfax, VA	City & State: Fairfax, VA.
Zip: 22031 Country: United States	Zip: 22031 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/99

5. FEI Number: 061540077 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

REINSTATEMENT 700003525401T--0

City: Tallahassee State: FL Zip Code: 32301

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.

BRIAN COURTNEY, ASST. VP

Signature of Registered Agent _____ Date 1/5/00

REGISTERED AGENT MUST SIGN

CR2E081 (3/99)

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
D	Greg Keough	2721 Prosperity Avenue	Fairfax, VA 22031
VS	Joan Williams	2721 Prosperity Avenue	Fairfax, VA 22031
CEO	Eric Daniels	2721 Prosperity Avenue	Fairfax, VA 22031
CTO	Jonathan Keough	2721 Prosperity Avenue	Fairfax, VA 22031

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.

SIGNATURE: _____ Joan Williams 1-4-00 (703) 280-8090

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

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 954923 7185439

AUTHORIZATION : Patricia Pigato

COST LIMIT : $ 750.00

ORDER DATE : January 5, 2001

ORDER TIME : 10:53 AM

ORDER NO. : 954923-005

CUSTOMER NO: 7185439

CUSTOMER: Ahran Kang, Paralegal
COOLEY GODWARD LLP
COOLEY GODWARD LLP
One Freedom Square
11951 Freedom Drive
Reston, VA 20190-5601

DOMESTIC FILING

NAME: ZONAFINANCIERA.COM, INC.

EFFECTIVE DATE:

XX ___ CORPORATION REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS: _____

RECEIVED
01 JAN -5 AM 11:54
DIVISION OF CORPORATION