2000-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 11 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22047

1. Corporation Name
WCOLLECT.COM, Inc.

500058474755
08/11/05--01020--004 **1500.00

2. Principal Office Address		**3.** Mailing Office Address	
738 Commonwealth		738 Commonwealth	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
404		404	
City & State		City & State	
Boston, MA		Boston, MA	
Zip	Country	Zip	Country
02215	USA	02215	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/10/89

5. FEI Number 954727693 ☐ 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: Mike Thompson

Street Address (P.O. Box Number is Not Acceptable): 3837 Northdale Blvd.

Suite, Apt. #, Etc.: 1070

City: Tampa | State: FL | Zip Code: 33624

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: Mike Thompson — Date: Aug 1, 2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PSD	Matthew Miller	738 Commonwealth 404	Boston, MA 02215

8/15

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: Matthew Miller — July 29, 2005 — 617-459-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #