PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 1:10

DOCUMENT # N01000000362

1. Corporation Name

The Palm Bay Professional Network, Inc.

REINSTATEMENT 02-03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1150 Malabar Rd. NW | 841 Seven Gables Circle, SE |
| Suite, Apt. #, etc.: Suite # 117 | Suite, Apt. #, etc.: |
| City & State: Palm Bay, FL | City & State: Palm Bay, FL |
| Zip: 32907 Country: USA | Zip: 32909 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/2001

5. FEI Number: 65-1068739 ☐ 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: Calvita (Candy) Graham, 300013699768 03/07/03--01079--016 **30[illegible].25

Street Address (P.O. Box Number is Not Acceptable): 841 Seven Gables Circle, SE

Suite, Apt. #, Etc.:

City: Palm Bay, State: FL Zip Code: 32909

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 03/04/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 |
|---|---|---|---|
| P / D | Chaz Brown | 1150 Malabar Rd., NW | Palm Bay, FL 32907 |
| V / D | Calvita (Candy) Graham | 841 Seven Gables Circle SE | Palm Bay, FL 32909 |
| S / D | Deanna Carlisle | 1217 Palmdale Circle, NE | Palm Bay, FL 32905 |
| T / D | Tammy Taylor | 349 Butler Avenue, NE | Palm Bay, FL 32907 |
| D | Norma Smith | 1520 Bottlebrush Drive, NE | Palm Bay, FL 32905 |
| D | Robert Casale | 750 Hurole Avenue, NE | Palm Bay, FL 32905-1666 |

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: _____ Vice- President 03/04/2003 321-725-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #