


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD00000024304</u>			
1. Corporation Name <u>INTERNET P.R. GROUP, INC</u>			
2. Principal Office Address <u>5165 MAGELLAN WAY EAST</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>430 S WESLEY</u> Suite, Apt. #, etc.	
City & State <u>DELRAY BEACH FLA</u>		City & State <u>OAK PARK, IL</u>	
Zip <u>33484</u>	Country <u>USA</u>	Zip <u>60302</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>3/2000</u>		5. FEI Number <u>954789911</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>MARK ALBA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>8 SURF ROAD</u>			
Suite, Apt. #, Etc.			
City <u>BOYNTON BEACH</u>		State <u>FL</u>	Zip Code <u>33435</u>
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 <u>Mark Alba</u>		Date <u>4-18-06</u>	
REGISTERED AGENT MUST SIGN			
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
<u>Director</u>	<u>ROLAND PERRY</u>	<u>430 S. WESLEY</u> <u>OAK PARK, IL 60302</u>	<u>OAK PARK, IL 60302</u>
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 contained in Chapter 119, 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: <u>[Signature]</u>		Date <u>4-18-06</u>	Daytime Phone # <u>310-488-0599</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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DEAR SIRs.

I NEVER RECEIVED THE ANNUAL REPORT NOTICES
SENT TO THE BEVERLY HILLS ADDRESS ON THE
REVERSE SIDE, DUE TO A CHANGE IN
ADDRESS.

PLEASE WAIVE THE REINSTATEMENT FEE, AS I
DID NOT RECEIVE THE PRIOR NOTICES (AND WAS
UNAWARE THERE WAS AN ANNUAL FEE).

I HAVE ENCLOSED \$900 FOR THE PAST
MISSED YEARS.

ROLAND PERRY 

310.488.0599 (CELL)

INTERNET P.R. GROUP.