

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN -3 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035342

1. Corporation Name

INVEST.COM TECHNOLOGIES, INC.

600005766286--2
-06/13/02--01079--013
****900.00 ****900.00

2. Principal Office Address
4701 N FEDERAL HIGHWAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-2

City & State

City & State

LIGHTHOUSE POINT, FL

Zip
33064

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/2000

5. FEI Number

65-0996344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

PERKINS, PAUL

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

4701 NORTH FEDERAL HIGHWAY, STE 380-C2

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State
FL

Zip Code

33064

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

Paul B. Perkins

REGISTERED AGENT MUST SIGN

Date 5/01/2002

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
PD	AGUILERA, JEFFREY	340 TESCONI CIRCLE #B	SANTA ROSA, CA 95401
VD	LARDINO, FRANK	P.O. BOX 51569	LIGHTHOUSE PT, FL 33074
VD	PERKINS, PAUL	P.O. BOX 51569	LIGHTHOUSE PT, FL 33074

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:

Paul B. Perkins

Paul B. Perkins, V. President

5/1/2002

954-788-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)