PLEASE READ ALL INSTRUCTIONS BEFORE COI

FILED
May 13, 2003 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800019889258
05/23/03--01029--024 **1050.00

REINSTATEMENT 01-03

DOCUMENT # P00000050233

1. Corporation Name
Sell It Right Network, Inc.

N03000013263

2. Principal Office Address	3. Mailing Office Address
2520 SW 22ND ST	2250 SW 22ND ST
Suite, Apt. #, etc. #2-379	Suite, Apt. #, etc. #2-379
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33145 Country USA	Zip 33145 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1055602 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Registered Agents Legal Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32302

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: Michael W. Ashley, V.P. Date: 5/6/03
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
Pres/Treas	RALPH INGERSOLL	2520 SW 22ND ST #2-379	MIAMI, FL 33145
Sec.	JACQUELINE HOLLAND	2520 SW 22ND ST #2-379	MIAMI, FL 33145

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: Holland JACQUELINE HOLLAND. MAY 1, 2003 888-289-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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