

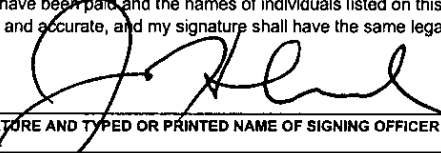


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>CORPORATION</p> <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>03 MAY -7 PM 1:10</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P00000070714</p> <p>1. Corporation Name</p> <p>INFO HOUSE INC</p>																															
<p>2. Principal Office Address</p> <p>824 NW 7 ST</p> <p>Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address</p> <p>824 NW 7 ST</p> <p>Suite, Apt. #, etc.</p>																													
<p>City & State</p> <p>BOCA RATON, FL</p>		<p>City & State</p> <p>BOCA RATON, FL</p>																													
<p>Zip</p> <p>33486</p>	<p>Country</p> <p>USA</p>	<p>Zip</p> <p>33486</p>	<p>Country</p> <p>USA</p>																												
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>7-21-2000</p>		<p>5. FEI Number</p> <p>65-1035983</p> <p>Applied For Not Applicable</p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																															
<p>7. Name and Address of Current Registered Agent</p> <p>Name</p> <p>HOLLAND, JOHN P</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>824 NW 7 ST</p> <p>Suite, Apt. #, Etc.</p> <p>8</p> <p>City</p> <p>BOCA RATON</p> <p>State</p> <p>FL</p> <p>Zip Code</p> <p>33486</p>																															
<p>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.</p> <p>Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 4/28/2003</p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>HOLLAND, JOHN-P</td> <td>824 NW 7 ST</td> <td>BOCA RATON, FL 33486</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">01-03 UBRITS</p>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	HOLLAND, JOHN-P	824 NW 7 ST	BOCA RATON, FL 33486																				
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P	HOLLAND, JOHN-P	824 NW 7 ST	BOCA RATON, FL 33486																												
<p>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.</p> <p>SIGNATURE:  JOHN P HOLLAND Date 4/28/03 Daytime Phone # 561-213-2407</p>																															

CR20081 (10/02)

Info House Inc

824 NW 7 ST
Boca Raton, FL 33486

Page 2 of 2

April 28, 2003

Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I would like to reinstate the Florida corporation identified below:

DOCUMENT #:	P00000070714
Corporation Name:	INFO HOUSE INC
FEI Number:	65-1035983

Enclosed are the forms to reinstate this corporation with a check to cover the reinstatement and one copy of a Certificate of Status. In a discussion today with one of your Division's Examiners, I was told the fee was \$450 to cover the three years. He informed me the \$600 reinstatement fee was not necessary as the 2001 forms were returned to the State due to a invalid mailing address

If there are any questions, please do not hesitate to call me at any of the following phone numbers:

DAY/EVENING:	561-213-2407
HOME:	561-362-7270

Sincerely,



John P Holland
President/Registered Agent

Attached: Florida Dept. of State Corporation Reinstatement form
Check # 2181 for \$458.75