

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # POPOPOPO87244

1. Corporation Name
Florida Local Interactive, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 DEC -5 AM 11:54

2. Principal Office Address 400 N. Ashley Drive		3. Mailing Office Address 10540 S. Ridgeview Road	
Suite, Apt. #, etc. Suite 1925		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Olathe, KS	
Zip 33602	Country USA	Zip 66061	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	9-14-2000
5. FEI Number	58-2571158
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	68.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island road
Suite, Apt. #, Etc.	
City	Plantation
State	FL
Zip Code	33324

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: [Signature] Date: 12/05/03
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
Sec/Dir	William F. Bradley, Jr.	10540 S. Ridgeview Road	Olathe, KS 66061
Pres.	Mukesh Patel	400 N. Ashley Dr., Suite 1925	Tampa, FL 33602
Treas/Dir	Eric J. Bur	10540 S. Ridgeview Road	Olathe, KS 66061
Dir.	Harry H. Herington	10540 S. Ridgeview Road	Olathe, KS 66061
Dir.	Samuel R. Somerholder	10540 S. Ridgeview Road	Olathe, KS 66061

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)(b), 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: Eric J. Bur Eric J. Bur Date: 12-2-03 913-498-3468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FLORIDA LOCAL INTERACTIVE, INC.

Certificate of Status	0
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