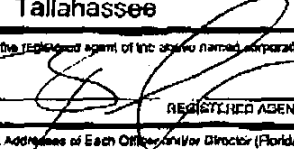


FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000106058					
1. Corporation Name Popularcatagories.com, Inc.					
2. Principal Office Address 5201 Kingston Pike		3. Mailing Office Address 5201 Kingston Pike			
Suite, Apt. #, etc. Suite 6325		Suite, Apt. #, etc. Suite 6325			
City & State Knoxville, TN		City & State Knoxville, TN			
Zip 37919	Country USA	Zip 37919	Country USA	4. Date incorporated or Qualified To Do Business in Florida 10/12/2000	
				5. FEI Number 62-1829999	Applied For ☐ Not Applicable ☐
				6. CERTIFICATE OF STATUS DESIRED ☒ See 19. Instructions of Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, etc.					
City Tallahassee					
State FL					
Zip Code 32301					
8. I, being appointed the registered agent of the above named corporation, do hereby certify that I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Brian Courtney Asst. V. Pres		Date 02/06	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Blake L. Bookstaff	5201 Kingston Pike		Knoxville, TN 37919	
S	John Brock	5201 Kingston Pike		Knoxville, TN 37919	
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 corporation meets 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 19, 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: 		Blake L. Bookstaff		02/02/06 865-865-7514	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 02-06

CRZEM 112000 FEB 02 2006