FILED
06 FEB -2 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000106058

1. Corporation Name
Popularcatagories.com, Inc.

REINSTATEMENT 02-06

CR2EO11 (1/06) FEB 02 2006

2. Principal Office Address	3. Mailing Office Address
5201 Kingston Pike	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 ☑ $ 30.00 additional Fee required for Certified Copy 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, 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 2/2/06
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 corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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 119, 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 02/02/06 865-805-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #