PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000108162 DOCUMENT

1. Corporation Name

INTERNET ORACLE, INC.

Principal Place of Business

Mailing Address

1606 NE 15TH AVE. FT. LAUDERDALE FL 33305 1606 NE 15TH AVE.

FT. LAUDERDALE FL 33305

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

REINSTATEMENT DZ	

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	incipal Office Address, If Applicat		nformation and enter correction below. ing Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 11/17/2000			
Suite, Apt. #, etc. Suite, Apt.			t, etc.		5. FEI Number		Applied For	
City & State City & State			3			13-39897.12 Not Applied 1		
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED S8.	75 Additional Fee required for a Certificate of Status	
	and Street Addresses of Each Of	ficer and/or Director (F	lorida nonprofit corporatio	ons must list at least	t 3 directors)			
Title(s)	Name of Of and/or Dire	Street Address of Each Officer and/or Director			City / State / Zip			
PRES	SILVERMAN, ROBERT D		1606 NE 15TH AVE			FORT LAUDERDALE FL 33305		
SEC	RABINOWITZ, AMY L	'.a	21847 PHILMONT COURT			BOCA RATON FL 33428		
		,			10/13/(90238069 9301025018	**1.50.00	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
SILVERMAN, ROBERT				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
			City State Zip Code			e Zip Code		
10. I, being Signature of Registered	appointed the registered agent of Agent		ooration, am familiar with	and accept the obli	gations of Section	On 607.0505, F.S. or 617.050		
, iegistereu	1	REGISTERED A	GENT MUST SIGN			Date		
11. I certify	that I am an officer or director or	the receiver or trustee e	empowered to execute thi	s application as pro	ovided for in cha	pter 607 or 617, F.S. I further	r 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #

Internet Oracle, Inc.

1606 NE 15th Ave. Fort Lauderdale, FL 33305

954-563-7042 / Fax: 208-379-9246

October 10, 2003

Department of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

RE: reinstatement of Internet Oracle, Inc.

Gentlemen,

I enclose check number 10836 in the amount of \$150 as filing fee for reinstatement of Internet Oracle, Inc. Please note that this is the first UBR notice received regarding this fee.

Thank you for your help.

Sincerely,

Robert Silverman

President, Internet Oracle, Inc.