

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 05-08

| <b>CORPORATION REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT #</b> P01000002966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1. Corporation Name</b><br>Pakedge, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Office Address - No P.O. Box #</b><br>200 Laurel Lane<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | <b>3. Mailing Office Address</b><br>200 Laurel Lane<br>Suite, Apt. #, etc.                                                                                             |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>City &amp; State</b><br>Ponte Vedra Bch, Fla.<br><b>Zip</b> 32082 <b>Country</b> USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <b>City &amp; State</b><br>Ponte Vedra Bch, Fla.<br><b>Zip</b> 32082 <b>Country</b> USA                                                                                |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7. Name and Address of Current Registered Agent</b><br>Name: WILLIAM H. JETER, JR.<br>Street Address (P.O. Box Number is Not Acceptable): 91 SAN JUAN DRIVE<br>Suite, Apt. #, Etc.: U-2<br>City: PONTE VEDRA BEACH, FL 32082                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/08/01<br><b>5. FEI Number</b> 59-3696198<br><b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status<br><input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.</b><br>Signature of Registered Agent: [Signature]<br>Date: 6/19/2008<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Bowers, Joseph F</td> <td>200 Laurel Lane</td> <td>Ponte Vedra Bch, Fla 32082</td> </tr> <tr> <td>V</td> <td>Bowers, Julie</td> <td>200 Laurel Lane</td> <td>Ponte Vedra Bch, Fla 32082</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>                                                                                                              |                                   |                                                                                                                                                                        |                            | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | P | Bowers, Joseph F | 200 Laurel Lane | Ponte Vedra Bch, Fla 32082 | V | Bowers, Julie | 200 Laurel Lane | Ponte Vedra Bch, Fla 32082 |  |  |  |  |  |  |  |  |  |  |  |  |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                         | City / State / Zip         |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bowers, Joseph F                  | 200 Laurel Lane                                                                                                                                                        | Ponte Vedra Bch, Fla 32082 |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bowers, Julie                     | 200 Laurel Lane                                                                                                                                                        | Ponte Vedra Bch, Fla 32082 |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>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 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.</b><br>SIGNATURE: [Signature] (Joseph F. Bowers) 6/18/08 904-273-0529<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |                                   |                                                                                                                                                                        |                            |        |                                   |                                                |                    |   |                  |                 |                            |   |               |                 |                            |  |  |  |  |  |  |  |  |  |  |  |  |