PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058164

1. Corporation Name
Eflyte, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
5220 Belfort Road	same
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32256 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 6/12/2001

5. FEI Number 59-3724086 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David Morgan

Street Address (P.O. Box Number is Not Acceptable): 5220 Belfort Road

Suite, Apt. #, Etc.: Suite 110

City: Jacksonville | State: FL | Zip Code: 32256

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: David Morgan
REGISTERED AGENT MUST SIGN

Date: 12/8/2003

CR2E081 (10/02)

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
D	David Morgan	5220 Belfort Road, Suite 110	Jacksonville, FL 32256
D	Daniel Harris	5220 Belfort Road, Suite 110	Jacksonville, FL 32256

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)(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: David Morgan DAVID MORGAN — 12/8/2003 — 904/448-8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

EFLYTE, INC.

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