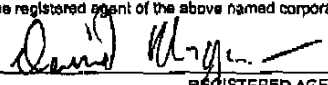
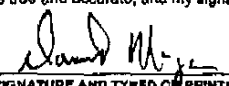


DEC. 9. 2003 11:12AM

FOLEY LARDNER

Fax Audit No. H03000332091 NO. 8990 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 DEC -9 PM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000058164					
1. Corporation Name Eflyte, Inc.					
2. Principal Office Address 5220 Belfort Road		3. Mailing Office Address 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. FBI Number 59-3724086				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$2.75 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 807.0505 or 817.0503, F.S.					
Signature of Registered Agent 				Date 12/8/2003	
REGISTERED AGENT MUST SIGN					
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 807 or 817, 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 807.0401 or 817.0401, 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				12/8/2003 904/448-8758	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

Fax Audit No. H03000332091

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

EFLYTE, INC.

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