PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 8:01

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

DOCUMENT # P01000058938

1. Corporation Name
Search Engines 411 Inc.

2. Principal Office Address	3. Mailing Office Address
850 22nd St NE	6017 Pineridge Rd.
Suite, Apt. #, etc.: DO NOT SEND MAIL TO HERE!	Suite, Apt. #, etc.: #251
City & State: Naples, FL	City & State: Naples, FL
Zip: 34120 Country: Collier	Zip: 34119 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 593724329 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jean Rawson Esq.

900008524589
10/22/02 01111 019 *158.75

Street Address (P.O. Box Number is Not Acceptable): 400 5th Ave. South

Suite, Apt. #, Etc.: Suite 300

City: Naples State: FL Zip Code: 34102

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: M Jean Rawson
REGISTERED AGENT MUST SIGN

Date: 10/17/02

CR2E061 (8/98)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Susan Murphy	850 22nd St. NE	Naples, FL 34120

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: Susan Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2002 (239)649-2277
Date Daytime Phone #

10/25/02 90

TOTAL P.01