PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS											OI, APR 30 PM 2: 14						
DOCUMENT # P02000025530 1. Corporation Name											OL APR 30 STATE SECRETARY STATE TALLAHASSEE FLORIDA						
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9887	2. Principal Office Address 9887 4th Street N. Suite, Apt. #, etc.					3. Mailing Office Address Same Suite, Apt. #, etc.					ENSTREES OF G						
#202 City & State					City & State					4. Date Incorporated or Qualified To Do Business in Florida 3 – 5 – 2002 5. FEI Number Applied For							
Zip	Petersburg, FL 3702 Country USA				Zip		Country			6	03-0407946 Not Applicab					t Applicable	
	1				7.	Name and A	Address of C	urrent Regi	ister	red /	Agent	-			_	ĺ	
	Name Street Addr	o Ca	rthy			200034784822											
	Street Address (P.O. Box Number is Not Acceptable) One Beach Drive SE Suite, Apt. #, Etc. # 1111										200034784822 04/30/0401005031 **300.00						
	city St. Petersburg									State Zip Code FL 33701							
8. I, being appointed the registered agent of the aboye named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.														01/04			
Signature of Registered Agent REGISTERED MEENT MUST SIGN											Digations of section 607.0505 or 617.0503, F.S. Date						
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						Office	Street Address of Each Officer and/or Director			<u> </u>	City / State / Zip					
D	Frank McCart			arth	y One Beach			n Drive SE#1111			#- I I (St. Petersburg, 17 337				<u>7</u> 3370,	
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	

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GeekChicPC

9887 4th Street N. Suite 202 • St. Petersburg, FL 33702 Tel: (727)895-6336 Fax: (727)895-1336 Toll Free (800)433-7422

April 23, 2004

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern;

I am writing to request that the corporate status of GeekChicPC, Inc. be reinstated to Active and be waived the reinstatement fees.

The corporation was formed in March of 2002, the proper paperwork was filed by our attorney. The address entered to file in that year was incorrect...at that time, the correct address was 3200 **28**th Street North (not **29**th Street). The following year, no Annual Report was ever received, and so it was not filed for 2003. The records in the division of corporations (attached also) show that due to no receipt of Annual Report, the Status was changed to Inactive on 9/19/04. Nothing was ever received and we were never notified to let us know of this change in status. I have corrected the address for the Corporation to the current one on this Reinstatement Form.

As I just realized this today, I am enclosing the Reinstatement Form (with \$150 for the Annual Report in 2003) along with \$150 for the Annual Report 2004, for a total of \$300.00. I request that any fees associated to reinstatement be waived...and the corporate status be amended to ACTIVE immediately.

If I need to be reached in person regarding this manner, please contact me at 800-433-7422. Thank you in advance for your assistance.

Sincerely,

Frank McCarthy

Director