

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 2004 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

1. Corporation Name

Updated.com, Inc.

802-117342

2. Principal Office Address  
300 South Pointe Drive

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
Suite 3704

Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State

Zip  
33139

Country  
USA

Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida 10/29/2002

5. FEI Number

13-4215885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04

**7. Name and Address of Current Registered Agent**

Name  
Nicholas Papadopoulos

Street Address (P.O. Box Number is Not Acceptable)  
300 South Pointe Drive

Suite, Apt. #, Etc.  
3704

City  
Miami Beach, Florida

State  
FL

Zip Code  
33139

500031370695

03/30/04--01021--004 \*\*8.75

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

REGISTERED AGENT MUST SIGN

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	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Nicholas Papadopoulos	300 South Pointe Drive, #3704	Miami Beach, FL 33139
Sec	Mary Papadopoulos	300 South Pointe Drive, #3704	Miami Beach, FL 33139

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Papadopoulos

3/25/2004

Date

Daytime Phone #

305 6725608

CR2E01 (01/04)