PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP 16 PM 2:38

DOCUMENT # P03000086397

1. Corporation Name
Clearvocal, Inc,.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15111 N Hayden Road	
Suite, Apt. #, etc.: Suite 160-305	Suite, Apt. #, etc.
City & State: Scottsdale, AZ	City & State
Zip: 85260 / Country: USA	Zip / Country

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/2003

5. FEI Number: 20-1029008 ☐ 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: Richard P. Greene Business and Legal Support, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2400 E Commercial Blvd.

Suite, Apt. #, Etc.: Suite 201

City: Ft. Lauderdale | State: FL | Zip Code: 33308

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Reinst:
2009-2010

DC 9-17-10

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: Richard P Greene — Date: _____
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
PST/COO/D	Kelvin Douglas Smith	15111 N Hayden Rd., #160-305	Scottsdale, AZ 85260
EVP/D	Paul David H. LaBarre	15111 N Hayden Rd., #160-305	Scottsdale, AZ 85260
COB	JP M. DeJoubner	15111 N Hayden Rd., #160-305	Scottsdale, AZ 85260

10. **E-mail Address:** jp@newborncapital.com
(To be used for future annual report notification)

11. 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. I further certify 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: _____ JP M. DeJoubner — 9/10/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #