


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | |
| DOCUMENT # P03000088057 | | | | |
| 1. Corporation Name Accounting Today, Inc W07000011270 | | | | |
| 2. Principal Office Address - No P.O. Box # 7638 Duclay Forest DR W Suite, Apt. #, etc. | 3. Mailing Office Address 7638 Duclay Forest DR W Suite, Apt. #, etc. | <div style="text-align: right;">FILED 07 MAR 16 PM 12: 54 DIVISION OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">REINSTATEMENT 05-07</div> <div style="text-align: right;">CR2E081 (1/07)</div> | | |
| City & State JACKSONVILLE, FL Zip Country 32244 Duval | City & State JAX FL 32244 Zip Country 32244 Duval | 4. Date Incorporated or Qualified To Do Business in Florida 8/12/2003 5. FEI Number 56-2405819 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></td><td style="width: 20%; text-align: center; font-size: 0.8em;">\$8.75 Additional Fee required for a Certificate of Status</td></tr></table> | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$8.75 Additional Fee required for a Certificate of Status |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent Name: JACQUELINE PERTH Street Address (P.O. Box Number is Not Acceptable): 7638 Duclay Forest DR W Suite, Apt. #, Etc.: City: JAX FL State: FL Zip Code: 32244 | | <div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div> | | |
| 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: [Signature] Date: 03/1/07 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 | | |
| CEO | JACQUELINE PERTH | 7638 Duclay Forest DR W JAX FL 32244 | | |
| | | 400095813454 04/04/07--01046--024 **300.00 | | |
| | | 400095813454 04/04/07--01046--025 **150.00 | | |
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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 contained in Chapter 119, 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 02/28/07 Daytime Phone # | | |