

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000105809

1. Corporation Name

BuyAdvantage, Inc.

2. Principal Office Address

6116 Marlberry Dr

Suite, Apt. #, etc.

3. Mailing Office Address

6116 Marlberry Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/25/03

5. FEI Number

20-0251780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Peter Weed

Street Address (P.O. Box Number is Not Acceptable)

6116 Marlberry Dr

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32819

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**

Date 5/5/05

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
CEO	Peter Weed	6116 Marlberry Dr	Orlando, FL 32819

400055978994
06/09/05--01061--003 **150.00

400055978994
06/09/05--01061--004 **150.00

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)(l), 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

5/5/05

Date

407.256.9624

Daytime Phone #

CR2E081 (01/05)

2052

BuyAdvantage, Inc.

May 5, 2005

To whom it may concern,

As you know we here in Orlando were hit with 3 hurricanes this past year, which disrupted our operations. We respectfully request that you waive the reinstatement fee in our case and gratefully thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Weed', with a stylized flourish at the end.

Peter Weed