


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000070389</b> 1. Entity Name <b>INTERNET OPTIONS, INC.</b>					
Principal Place of Business <b>14825 FRONT BEACH ROAD #701 PANAMA CITY BEACH, FL 32413 US</b>			Mailing Address <b>14825 FRONT BEACH ROAD #701 PANAMA CITY BEACH, FL 32413 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6245 14th ST W</b> Suite, Apt. #, etc.		3. Mailing Address <b>6245 14th ST W</b> Suite, Apt. #, etc.			
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>			
Zip <b>34207</b>	Country <b>USA</b>	Zip <b>34207</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>SLATTON, DALE 14825 FRONT BEACH ROAD #701 PANAMA CITY BEACH, FL 32413</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL STRAWBRIDGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6245 14TH STREET WEST</b> City <b>BRADENTON</b> FL Zip Code <b>34207</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Michael E. Strawbridge, V.P.</i></u> <b>V.P. Michael E. Strawbridge, V.P.</b> <b>2/20/09</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SLATTON, DALE</b> <b>14825 FRONT BEACH ROAD #701</b> <b>PANAMA CITY BEACH, FL 32413</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MICHAEL STRAWBRIDGE</b> <b>813 42nd ST. SOUTH</b> <b>BIRMINGHAM, AL 35222</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500144768605</b> <b>03/02/09--01041--019 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>06/04/08 90010 043 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michael E. Strawbridge, V.P.</i></u> <b>V.P. Michael E. Strawbridge V.P.</b> <b>2/20/09</b> <b>(205) 531-1932</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
 02022009 REINSTATEMENT OR2E098 (1/07) **28-09**

REINSTATEMENT

4. FEI Number **26-0368582** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required