


2008 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|--|---|
| DOCUMENT # P07000076965 |  |
| 1. Entity Name JOURNEYMATES.NET, INC. | |

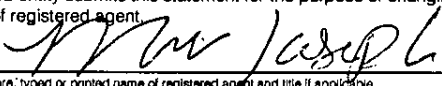
| | |
|--|--|
| Principal Place of Business 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789 | Mailing Address 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 2710 Hargill DR Suite, Apt. #, etc. | 3. Mailing Address 2710 Hargill DR Suite, Apt. #, etc. |
|--|--|

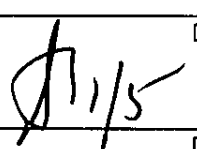
| | |
|-----------------------------|-----------------------------|
| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32806 | Country Orange |
| Zip 32806 | Country Orange |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent COOPER, MARK O ESQ. 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789 | |
|---|--|

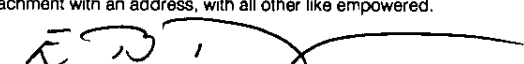
| | |
|--|--|
| 7. Name and Address of New Registered Agent Name: mark Joseph Street Address (P.O. Box Number is Not Acceptable): 2710 Hargill DR 2251 Banchory Rd 32806 City: Winter Park OR, FL Zip Code: 32792 | |
|--|--|

| | |
|---|------------------|
| 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:  | DATE: 12/11/2008 |
| (NOTE: Registered Agent signature required when reinstating) | |

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REED, E B 2403A SOUTH SHINE AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO KLEDZIK, MARK J COO 2403A SOUTH SHINE AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLOYD, JODI 128 ROANN DRIVE OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. 50% owner EB Reed 2710 Hargill DR Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO, 50% owner mark, Kledzik 2710 Hargill DR Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100139336261 12/30/08--01013--008 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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:  | 12.18.08 321.287.1212 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

FILED
08 DEC 29 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09
11012008 REIN-P CR2E036 (1/07)

| | |
|--|-------------------------------|
| 4. FEI Number 45-0561394 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |