PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 28 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000085023

1. Corporation Name
Localized Company, Inc.

200189069562
12/28/10--01020--012 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1250 Shetter Ave	1250 Shetter Ave
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3
City & State Jacksonville Beach FL	City & State Jacksonville Beach FL
Zip 32250 Country US	Zip 32250 Country US

4. Date Incorporated or Qualified To Do Business In Florida 9/16/2008

5. FEI Number 943447113 ☐ 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: Krista Vertner

Street Address (P.O. Box Number is Not Acceptable): 581 Cruiser Lane

Suite, Apt. #, Etc.:

City: Atlantic Beach | State: FL | Zip Code: 32233

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: Krista Vertner Date: 12/27/2010
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
P	Jon C. Hurm	1250 Shetter Ave Suite 3	Jacksonville Beach FL 32250

10. **E-mail Address:** JHURM@LOCALIZEDCO.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: Jon Hurm 12/27/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #