2011 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND DIFED OR PRINTED NAME OF SIGNING

FILED DOCUMENT # P09000070118 1. Entity Name ECBIZNET, INC. 11 SEE - 6 MM 11: 04 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 4000 NW 36 AVENUE 4000 NW 36 AVENUE MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 477 S. ROSEMARY 477 S. ROSEMARY AVE MU Suite, Apt. #, etc. Suite, Apt. #, etc. 09062011 REIN-P CR2E098 (1/07) SuitE 202 Sunte Applied For City & State City & State 4 FELNumber WEST PALM BEACH, Not Applicable WEST PALM BEACH \$8.75 Additional Country 5. Certificate of Status Desired П WEST PALV 3401 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERSKINE R. CURRY CURRY, ERSKINE Street Address (P.O. Box Number is Not Acceptable) 4000 NW 36 AVENUE MIAMI, FL 33142 ROSEMAR Zip Code 33401 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 (NOTE: Registered Agent signature required when reinstating name of registered agent a apolicable 1106-010B FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ERSKINE R. CURP -**PSTD** TITLE Delete TITLE CEO CURRY, ERSKINE NAME 477 S. ROSEMARY AVE # 202 NAME STREET ADDRESS 4000 NW 36 AVENUE STREET ADDRESS WEST PALM BEACH, FL 38401 CITY - ST - ZIP MIAMI, FL 33142 CITY-ST-ZIP RALPH WELLS 95 Delete TITLE TITLE 477 S. ROSEMARY AVE \$202 NAME NAME STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP DAGNEY L. CURRY Change Addition TITLE ☐ Delete TITLE 1 NAME AVE# 202 477 S. ROSEMANY STREET ADDRESS STREET ADDRESS BEACH, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 5002117839²⁵09/06/11-01003--621 **908 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

DEFICER OR DIRECTOR

FILING CANCELLED RETURNED CHECK