PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 JUN -5 AM 9: 29 SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT # **P95-1917**

1. Corporation Name Sunbelt Business Exchange, Inc.

REINSTATEMENT 98-02

2. Principal Office Address
100 Village Sq Crossing
Suite, Apt. #, etc.
Suite 200
City & State
Palm Beach Gardens
Zip 33418   Country USA

3. Mailing Office Address
139 Bravado Ln
Suite, Apt. #, etc.
City & State Palm B. Shores
Zip 33404   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3-9-95

5. FEI Number 65-0563321 | 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 Joseph Jankovic

Street Address (P.O. Box Number is Not Acceptable) 139 Bravado Lane

Suite, Apt. #, Etc. Palm Beach Shores

City

State FL   Zip Code 33404

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***1350.00   ***1350.00

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 _____ REGISTERED AGENT MUST SIGN   Date 5-28-2002

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.	Joseph Jankovic	139 Bravado Lane	Palm Beach Shore 33404
S/T	Joseph Jankovic	"	f l " "
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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)(i), 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

Date 5-28-2002

Daytime Phone # 561-845 9445