H05000294373 3

APPROVED AND FILED

1/3

05 DEC 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025379

1. Corporation Name
Traffic Building Promotions. Inc.

2. Principal Office Address		3. Mailing Office Address	
125 Park Avenue		125 Park Avenue	
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc. 4th Floor	
City & State New York, New York		City & State New York, New York	
Zip 10017	Country USA	Zip 10017	Country USA

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida 03/29/1995

5. FEI Number 59-3304775 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional required for Certified Copy

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston — State: FL — Zip Code: 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: NRAI Services, Inc. by: [signature] Date: 12-27-05

REGISTERED AGENT MUST SIGN Jennifer Caswell/Asst. Sec'y

CR2E080 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Schedule A attached hereto		

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] Kevin Farewell - Secretary 12/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H05000294373 3

K. Eckel DEC 30 2005

UCC SERVICES Fax:8506816011 Dec 30 2005 12:42 P.02