Signature of

Officer or Director

FLORIDA DEPARTMENT OF STATE Jim Smith

DO NOT WRITE IN THIS SPACE

407 718-0556

Daytime Phone #

Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State 00 OCT -9 PM 1:03 2. If Address in Block! Tils incorrect in any way, enter the correct address below: The NAME of the corporation on be changed only by filing an amendment SSEE, FLORIDA 1. Name and Mailing Address of Corporation: DOCUMENT # P96000040464 ADVANTAGE BUSINESS CONNECTION, INC. 2163 Deer Hollow Cir. 150 Weathersfield Ave. Address Altamonte Springs, FL 32714 Address City and State Longwood, FLZip Code 32779 Date Incorporated or Qualified To Do Business in Florida FLNumber Applied For FEI Wither Not Applicable 59-3382947 CERTIFICATE OF STATUS DESIRED 5/10/96 6. Names and Street Addresses of Each Officer and/or Director Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City and State Title and/or Directors KORKIZIKWXXRXXRRRRRRRRRRADA 32714 2163 Deer Hollow Cir. Longwood, FL 32779 P/D JEFFREY S. WILKINSON 000003434060 -10/20/00--01087--014 ***1200.00 ***1200.00 8. Name and Address of New Registered Agent and/or Office REGISTERED AGENT INFORMATION JEFFREY S. WILKINSON 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) FILINGS, INC. 2163 Deer Hollow Cir. 3732 N.W. 16th St. Street Address (Do NOT Use P.O. Box Number) Miami, FL 33311 City and State Lengwood; 32779 9. I, being appointed the registered agent the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Signature ... Registered Agent Date October 6, 2000 WILK REGREDERED AGENT MUST SIGN (See other side for 10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.) 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes | Dept. of Revenue under S. 199.032, Florida Statutes. No 12. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Jeffrey S. Wilkinson Typed or printed name of signing officer or director