PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	The state of the s	- ANT
CORPORATION	FLORIDA DEPARTMENT OF STATE Katherine Harris	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	01 MAY 23 PM 2:22
DOCUMENT # P976	mn11298	SECRETARY OF STATE FALLAHASSEE, FLORIDA
1. Corporation Name		PRICEPANGEL, CONTRACT
THE INKNOWVATINE GROUP CORP		
2. Principal Office Address	3. Mailing Office Address	1
3306 CHERYL RD.	2306 CHERYL RD. Suite, Apt. #, etc.	. .
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 2 14 9 5. FEI Number Applied For
LARGO, FL	LARGO, FL	5. FEI Number Applied For Not Applicable
33771 USA	33771 USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent		
Kevin Plauet 201.25-AR		201.25_AR
Street Address (P.O. Box Number is N	10.00 - ARARTS	
2306 CHERYL RD. Suite, Apt. #, Etc.		
City		
Zip Code FL 3377]		
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 Devra Juy Date 5/2/01		
REGISTERED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
PRES. KEVIN PIONET	2306 CHERYL F	RD LARGO, FL 33771
		400004342424 7 -06/05/0101094017
		****300.00 ****300.00
		mw
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 filling		
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: 1 = KEVIN PIQUET 5/2/01 727-559-8337		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		