PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 SEP 19 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022434

1. Corporation Name

CreditKey Express, Inc.
722 Lake Avenue, #108
Lake Worth, Florida 33460

2. Principal Office Address	3. Mailing Office Address
722 Lake Avenue	722 Lake Avenue
Suite, Apt. #, etc. # 108	Suite, Apt. #, etc. # 108
City & State Lake Worth, FL	City & State LAke Worth, FL
Zip 33460 Country USA	Zip 33460 Country USA

REINSTATEMENT 60-01

4. Date Incorporated or Qualified To Do Business in Florida 1997 SP

5. FEI Number 65-0734121 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $5.75 Additional Fee (required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Robert J. Bogdanoff

700004610647--5
-09/25/01--01082--006
****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road,

Suite, Apt. #, Etc.: Suite 234 W

City: Boca Raton, State: FL Zip Code: 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Robert Bogdanoff — REGISTERED AGENT MUST SIGN

Date: 9th September 2001

CR2E081 (P.94)

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
P/D	Heather Thatcher	Algwyn Glanffynon Road	Llanrug North Wale
S/D	Sarah Pursglove	1 West Street	New York, New York 10004

10. I certify that I am an officer or director of 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] SECRETARY 9/17/01 212-847-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #