PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 20 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066824

1. Corporation Name
STICKY WEB, INC.

123 NW 13TH ST.
123 NW 13TH ST.

REINSTATEMENT 03-04 WOP

2. Principal Office Address		**3.** Mailing Office Address	
123 NW 13TH ST.		123 NW 13TH ST.	
Suite, Apt. #, etc. 214-1		Suite, Apt. #, etc. 214-1	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33432	Country USA	Zip 33432	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/31/97

5. FEI Number 65-0775522 ☐ 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
THOMAS L. DISTEFANO III

Street Address (P.O. Box Number is Not Acceptable)
651 OKEECHOBEE BLVD.

400033701 4
07/20/04--01033--005 **30[illegible] 00

Suite, Apt. #, Etc.
511

City: WEST PALM BEACH | State: FL | Zip Code: 33401

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 _____ Date 7/14/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/C/T	THOMAS L. DISTEFANO III	651 OKEECHOBEE BLVD.	WEST PALM BEACH, FL 33401
V/D/S	CHRISTOPHER L. MONTELEONE	15775 SW 49TH CT.	MIRAMAR, FL 33027
D	TIMOTHY D. LADD	44 NORTH ST	MATTAPOISETT, MA 02739
D	RAY JOHNSTON	4241 FOXVIEW CT.	LAKE WORTH, FL 33467

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