

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE</p> <p>Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>99 FEB 18 PM 3:50</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # 97-102420</p>																																			
<p>1. Corporation Name Chamber Internet Consultants, Inc.</p>																																			
<p>Principal Place of Business 513 Preserve Point South Jupiter, FL 33458</p>		<p>Mailing Address Same</p>																																	
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below</small></p>																																			
<p>2. New Principal Office Address, If Applicable 513 Preserve Point South <small>Suite, Apt. #, etc.</small></p>		<p>3. New Mailing Address, If Applicable Same <small>Suite, Apt. #, etc.</small></p>																																	
<p>City & State Jupiter, FL</p>		<p>City & State Same</p>																																	
<p>Zip 33458</p>	<p>Country USA</p>	<p>Zip Same</p>	<p>Country Same</p>																																
<p>4. Date Incorporated or Qualified To Do Business in Florida December 2, 1997</p>		<p>5. FEI Number 65-0806771</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1 Title(s)</th> <th>2 Name of Officers and/or Directors</th> <th>3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D, P, T</td> <td>Steven C. Rowswell</td> <td>513 Preserve Point South</td> <td>Jupiter, FL 33458</td> </tr> <tr> <td>D, VP, S</td> <td>Jodylynn Rowswell</td> <td>513 Preserve Point South</td> <td>Jupiter, FL 33458</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	D, P, T	Steven C. Rowswell	513 Preserve Point South	Jupiter, FL 33458	D, VP, S	Jodylynn Rowswell	513 Preserve Point South	Jupiter, FL 33458																				
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip																																
D, P, T	Steven C. Rowswell	513 Preserve Point South	Jupiter, FL 33458																																
D, VP, S	Jodylynn Rowswell	513 Preserve Point South	Jupiter, FL 33458																																
<p>8. Name and Address of Current Registered Agent Steven C. Rowswell 3931 RCA Boulevard, Suite 3121 Palm Beach Gardens, FL 33410</p>		<p>9. Name and Address of New Registered Agent HCRM Corp. 2200 Corporate Boulevard, N.W. Suite 401 Boca Raton, FL 33431</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>Robert J. Hunt</u> Robert J. Hunt, VP Date 2/12/99</p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.</p>																																			
<p>SIGNATURE: <u>Steven C. Rowswell</u> President</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		<p>Date 2/13/99 Daytime Phone # 561-748-5851</p>																																	

C022600 (12/95)