


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC 11 AM 11:31 SECRETARY OF STATE ALLAHASSEE, FLORIDA																													
DOCUMENT # <u>P98006013831</u>																																	
1. Corporation Name Communicate, Inc.																																	
2. Principal Office Address 6420 Metro West Boulevard Suite, Apt. #, etc. Suite 1006 City & State Orlando Zip 32835		3. Mailing Office Address 6420 Metro West Boulevard Suite, Apt. #, etc. Suite 1006 City & State Orlando Zip 32835		REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida 2/11/98 SP 5. FEI Number 59-3500241 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name Jamie Zimmerman Street Address (P.O. Box Number is Not Acceptable) 6420 Metro West Boulevard Suite, Apt. #, Etc. Suite 1006 City Orlando State FL Zip Code 32835																																	
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 <u>Jamie Zimmerman</u> REGISTERED AGENT MUST SIGN Date <u>12/02/2000</u>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P/T/D</td><td>Dan Thomas</td><td>4579 Seaboard Lane</td><td>Ft. Collins, CO 80525</td></tr><tr><td>V/S/D</td><td>Jamie Zimmerman</td><td>Suite 1006 6420 Metro West Boulevard</td><td>Orlando, FL 32835</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>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/T/D	Dan Thomas	4579 Seaboard Lane	Ft. Collins, CO 80525	V/S/D	Jamie Zimmerman	Suite 1006 6420 Metro West Boulevard	Orlando, FL 32835																
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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: <u>Jamie Zimmerman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>12/2/2000</u> Daytime Phone # <u> </u>																																	

CR2E081 (9/99)