| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | | | |
|--|---|---|---------------------|----------------------------------|---|--|--|
| AP REIN | FOLUCIO | A DEPARTME Jim Smith Secretary of SIVISION OF CORPO | h State | | FILED NOV 12 AH 9:25 | | |
| DOCUMENT # P98000026677 1. Corporation Name 411NOW.COM, INC. | | | | TALLAHASSEE, FLORIDA | | | |
| ************************************** | | | | | | | |
| Principal Place of Business Mailing Address | | | | 1 1001100 | (18 (23P) JULI 2016 COM ABUT ADDIG 140 | (8 81118 81111 1882) (881 1881 | |
| 1800 NW 6 STE201 PLANTATIO US | 97TH AVE. 1800 NW 69 STE 201 IN FL 33313 PLANTATION | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction b 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | 4 Data lance | | | |
| Suite Apt | 00 W. Samole Kol 10101 |) w.San | | | | /20/1998 | |
| City & State | + 20/ ISHE | | | 5. FEI Numbe | 65-0826169 | Applied For Not Applicable | |
| Zip 3 2 | SDLS Country Zip3 37 | 6. CERTIFIC | | r | E OF STATUS DESIRED S8.7 | 5 Additional Fee required or a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of E Officer and/or Dire | | | City / Sta | te / Zip | |
| VP | BASS, CATHY 16329 NW 8TH | | DR | PEMBROKE PINES FL 3028 | | | |
| CEO | CUCCI, PHIL 7620 MARBLEHEA | | AD CT | | PARKLAND FL 33067 | | |
| CFO | GLAZER, MARC 7310 DOVER CT | | | | PARKLAND FL: 33067 | | |
| | | .N | 1 4/10 | | | | |
| | | | | 40 | 000894139 | - <u>-</u> - | |
| | | | | 11/12/ | L | *150.00 | |
| 8. Name and Address of Current Registered Agent Name | | | | 9. Name and A | 9. Name and Address of New Registered Agent | | |
| BASS, CATHY S Street Address (P. | | | | O. Box Number is Not Acceptable) | | | |
| PEMBROKE PINES FL 33028 | | | Suite, Apt. #, Etc. | | | | |
| | | | City State Zip Code | | | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation | | | | | on 607.0505, F.S. or 617.0505. | F.S. | |
| Signature of Registered A | Carragains |) 1 | | | Date | | |

11. 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:

Date

Date

Daytime Phone #



We put money in your wallet and customers through your door.

11/04/2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

411NOW.COM, Inc. moved our principle office of business from 1800 NW 69th Ave. Ste. 201, Plantation, FL 33313 to 10100 W. Sample Rd. Ste. 207, Coral Springs, FL 33065 in January, 2002. We have not received any notices whatsoever regarding the filing of the 2002 Uniform Business Report. Today, we received the Certificate of Administrative Dissolution or Revocation. I am enclosing a check for the \$150.00 filing fee for 411NOW.COM and the application for reinstatement. Please waive the reinstatement fee on the basis that we never received any notices regarding the filing of the Uniform Business Report.

Sincerely,

Cathy Bass



