PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
01 SEP 26 AM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000077697

1. Corporation Name: SIMPLEBUYER, INC.

2. Principal Office Address	3. Mailing Office Address
4904 CREEKSIDE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: FL
Zip: 33760 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 9/2/98

5. FEI Number: 59-3529020 ☐ 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: JOHN VALENCIA
Street Address (P.O. Box Number is Not Acceptable): 10218 MERRIMAC MANOR DR.
Suite, Apt. #, Etc.:
City: RIVERVIEW FL 33569 State: FL Zip Code: 33569

251.25 - AR
10.00 - ARART
88.75 - ARSUPP
400.00 - ARA

CR2E061 (9/00)

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: [signature] REGISTERED AGENT MUST SIGN Date: 9/25/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

410011046161914--F
-10/01/01--01010--019
****750.00 ****750.00

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
CEO	VINH DUONG	13411 WHITE ELK LOOP	TAMPA FL 33626
COO	JOHN VALENCIA	10218 MERRIMAC MANOR DR.	RIVERVIEW FL 33569
CTO	HOA NGUYEN	10564 2ND WAY NO #F	ST. PETERSBURG FL 33716
VP	DON NGUYEN	2027 TOPAZ DR.	CARROLLTON TX 75010
			MW

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 9/25/01 Daytime Phone #: 727-299-9692