PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000100448

REINSTATEMENT - 04
02-04-04 01055 019

1. Corporation Name
Florida Business Information, Inc

1189 N. Gadsden St
1189 N. Gadsden St

2. Principal Office Address	**3.** Mailing Office Address
1189 N. Gadsden St	1189 N. Gadsden St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: US	Zip: 32303 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1998

5. FEI Number 59-3558100 ☐ 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: James Wacksman

Street Address (P.O. Box Number is Not Acceptable): 1189 N. Gadsden St.

700028220997
05/09/04--01019--009 **14.25

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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 5/13/04

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
Preside	James Wacksman	1189 N. Gadsden St.	Tallahassee, FL 32303
VP	Curry W. Hall	1189 N. Gadsden St.	Tallahassee, FL 32303
CEO	Brent Golemon	1189 N. Gadsden St.	Tallahassee, FL 32303
			700028220997

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: _____ 5/13/04 222-7257

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