PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012855

1. Corporation Name
CEO-Channel.Net, Inc.
P.O. Box 1175
Palm Beach, FL 33480

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
P.O. Box 1175	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, Florida	City & State
Zip: 33480 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0904572 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Stephen H. Durland

000054219120
05/10/05--01072--010 **1200.00

Street Address (P.O. Box Number is Not Acceptable): 269 Ridgeview Drive

Suite, Apt. #, Etc.

City: Palm Beach | State: FL | Zip Code: 33480

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: 15th Apr. 05

REGISTERED AGENT MUST SIGN

CR2E061 (3/05)

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
PSTD	Larry Creager	P.O. Box 1175	Palm Beach, FL 33480

$35/4

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 name(s) 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: _____ 4/14/05 804-273-1731

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