PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

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

00-01082

FILED
01 APR 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078800

1. Corporation Name: Online Cities, Inc

2. Principal Office Address	3. Mailing Office Address
1603 N. Military trail	1603 N. Military trail
Suite, Apt. #, etc.: #2801	Suite, Apt. #, etc.: #2801
City & State: Boca Raton, Fl.	City & State: Boca Raton, Fl
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-3-99

5. FEI Number: 65-0946759 ☐ 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: Cory Greenberg

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****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 1603 N. Military Trail

Suite, Apt. #, Etc.: #2801

City: Framingham, State: FL Zip Code: 33496

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: Cory Greenberg (REGISTERED AGENT MUST SIGN) Date: 4/18/01

CR2E081 (9/00)

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
P-Dir	Cory Greenberg	1603 N. Military trail #2801	Boca Raton Fl 33496
			SP

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: Cory Greenberg (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/18/01 Daytime Phone #: 978-265-5162