PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # S37135

FILED
2002 JAN -7 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Earthweb Knowledge Products, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3 Park Avenue	3 Park Avenue
Suite, Apt. #, etc.: 33rd Floor	Suite, Apt. #, etc.: 33rd Floor
City & State: New York	City & State: New York
Zip: 10016 Country: USA	Zip: 10016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3052351 ☐ 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

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-01/22/02--01008--014
****917.50 ****917.50

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

REINSTATEMENT 01-02

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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] Jonathan P. Giddings, Assistant Secretary Date: 1/4/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
CEO	[redacted] Scot Melland	276 New Norwalk Rd	New Canaan, CT 06840
CFO	Mike Durney	44 Dorchester Road	Rockville, Centre NY 11570
Secy	Brian Campbell	9 Mallard Dr.	Huntington, NY 11743
CAO	David Jonassen	27 Phillard Court	Patterson, NY 12563

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] David Jonassen 12/31/01 2124486601

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