

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>APPLICATION FOR REINSTATEMENT</b>  |                                     | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |                      |
|---|-------------------------------------|--|----------------------|
| <b>DOCUMENT #</b> <u>568298</u>   |                                     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">98 MAY 18 PM 4:24</div> <div style="font-size: 1.1em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px; font-size: 1.2em; font-weight: bold;">300002528303-- 4</div> <div style="font-size: 0.9em;">-05/19/98--01017--001</div> <div style="font-size: 0.8em;">****900.00 ****900.00</div> |                      |
| 1. Corporation Name<br><br><b>Bogeo, Inc.</b>   |                                     |  |                      |
| Principal Place of Business      Mailing Address<br><br><b>Post Office Box 1002<br/>Quincy, FL 32353</b>  |                                     |  |                      |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                     |  |                      |
| 2. New Principal Office Address, If Applicable  |                                     | 3. New Mailing Office Address, If Applicable   |                      |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.  |                      |
| City & State  |                                     | City & State   |                      |
| Zip   | Country                             | Zip  | Country              |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>7/22/91</b>   |                                     | 5. FEI Number<br><b>59-3077332</b>   |                      |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |                                     | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>   |                      |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                     |  |                      |
| 1 Title(s)  | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)  | 4 City / State / Zip |
| D   | Edwards, O.W. III                   | 916 West Jefferson Street  | Quincy, FL 32351     |
|   |                                     |  |                      |
|   |                                     |  |                      |
|   |                                     |  |                      |
|   |                                     |  |                      |
|   |                                     |  |                      |
|   |                                     |  |                      |
| 8. Name and Address of Current Registered Agent   |                                     | 9. Name and Address of New Registered Agent  |                      |
| Harold S. Richmond<br>227 E. Jefferson Street<br>Quincy, FL 32351   |                                     | Name<br><b>Michael P. Bist</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1300 Thomaswood Drive</b><br>Suite, Apt. #, Etc.<br><br>City<br><b>Tallahassee</b> State <b>FL</b> Zip Code <b>32312</b>  |                      |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.   |                                     |  |                      |
| Signature of Registered Agent   |                                     | Date <b>5/18/98</b>  |                      |
| REGISTERED AGENT MUST SIGN  |                                     |  |                      |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)   |                                     |  |                      |
| 12. 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:       Date <b>5/14/98</b> Daytime Phone #  |                                     |  |                      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                     |  |                      |

REINSTATEMENT

CR20040 (12/96)