

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*PS/KB*

APPROVED  
AND  
FILED

00 OCT -9 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900003420769--7



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

**CORPORATION  
REINSTATEMENT**

**DOCUMENT #** 666032  
**1. Corporation Name**  
KeyClub.net, Inc.

<b>2. Principal Office Address</b> 101 E. Park Blvd. Suite, Apt. #, etc. Suite 711 City & State Plano, Texas Zip 75074 Country U.S.A.		<b>3. Mailing Office Address</b> 101 E. Park Blvd. Suite, Apt. #, etc. Suite 711 City & State Plano, Texas Zip 75074 Country U.S.A.	
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**4. Date Incorporated or Qualified To Do Business in Florida** 4/7/80

<b>5. FEI Number</b> 752792660	Applied For Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

**REINSTATEMENT** *2050*

**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 \*\*\*see attached for signature\*\*\* Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**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	Peter J. Boonen	601. W. Broadway, Suite 400	Vancouver, Canada
Pres., Dir.			
Sec.	Barry L. Evans	101 E. Park Blvd., Suite 711	Plano, Texas 75074
Treas., Dir.			

**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:** \*\*\*see attached for signature\*\*\* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (9/99)

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**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
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**DIVISION OF CORPORATIONS**

**DOCUMENT # 666032**  
 1. Corporation Name  
 KeyClub.net, Inc.

2. Principal Office Address 101 E. Park Blvd. Suite, Apt. #, etc. Suite 711 City & State Plano, Texas Zip 75074 Country U.S.A.		3. Mailing Office Address 101 E. Park Blvd. Suite, Apt. #, etc. Suite 711 City & State Plano, Texas Zip 75074 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 4/7/80	
5. FEI Number				Applied For Not Applicable	

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
 Corporation Service Company  
 Street Address (P.O. Box Number is Not Acceptable)  
 1201 Nays Street  
 Suite, Apt. #, Etc.  
 City  
 Tallahassee  
 State  
 FL  
 Zip Code  
 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.6503, F.S.

Signature of Registered Agent Brian Courtney, ASST. V.P.  
 REGISTERED AGENT MUST SIGN  
 Date 10/9/2000

9. Name and Street Address 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,	Peter J. Boonen	601 W. Broadway, Suite 400	Vancouver, Canada
Pres., Dir.			
Sec.,	Barry L. Evans	101 E. Park Blvd., Suite 711	Plano, Texas 75074
Treas., Dir.			

10. I certify that I am an officer or director or the recipient of business 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)(b), 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: Barry L. Evans DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 3 Oct 2000  
 Daytime Phone # 01161403572222

CR2001 (09/96)

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ACCOUNT NO. : 072100000032

REFERENCE : 848218 3706A

AUTHORIZATION : *Patricia Pijoto*

COST LIMIT : \$ 750.00

ORDER DATE : September 29, 2000

ORDER TIME : 2:15 PM

ORDER NO. : 848218-015

CUSTOMER NO: 3706A

CUSTOMER: Lawrence I. Washor, Esq  
Washor & Associates  
Suite 980  
11150 West Olympic Boulevard  
Los Angeles, CA 90064

DOMESTIC FILINGS

\*\*\*\*\*FILE 1ST\*\*\*

NAME: KEYCLUB.NET, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 OCT -9 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA