

Apr 16 06 05:54p

FROM :MARC R TOW

FAX NO. :9499750547

Apr. 19 2006 04:24AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 APR 21 PM 2:20

**CORPORATION REINSTATEMENT**

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

DOCUMENT # K36262

1. Corporation Name  
**Rbid.com, Inc.**

2. Principal Office Address  
**3920 Birch Street**  
Suite, Apt. #, etc.  
**Suite 102**  
City & State  
**Newport Beach, CA**  
Zip  
**92660** Country  
**US**

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

200073994522  
05/04/06--01022--029 \*\*1058.75

CU2-001 (12/05)

4. Date incorporated or Qualified To Do Business in Florida **October 4th 1988**

5. FEI Number **20-4722332** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name **Paul Zuromski**

Street Address (P.O. Box Number is Not Allowable) **220 Chantilly Terrace**

Suite, Apt. #, etc.

City **Oviedo** State **FL** Zip Code **32765**

*BE/2/06*

**REINSTATEMENT**

*01-06*

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 *Paul Zuromski* Date **4/18/06**

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
Pres	Alan M. Rothman	3920 Birch Street #102	Newport Beach, CA 92660
V-P	Mairead M. Howe	3920 Birch Street #102	Newport Beach, CA 92660
Treas	David G. Howe	3920 Birch Street #102	Newport Beach, CA 92660

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 contained in Chapter 119, 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: *Mairead M. Howe* Date **04/18/06** (949) 910 6375

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