

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F02000005404**

1. Corporation Name

WAM NET GOVERNMENT SERVICES, INC.

Principal Place of Business

Mailing Address

655 LONE OAK DRIVE
 EAGAN MN 55121

655 LONE OAK DRIVE
 EAGAN MN 55121

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6100 West 110th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6100 West 110th Street

Suite, Apt. #, etc.

City & State

Bloomington, Minnesota

Zip 55438

Country US

City & State

Bloomington, Minnesota

Zip 55438

Country US

4. Date Incorporated or Qualified To Do Business in Florida

10/28/2002

5. FEI Number

41-1985546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
C	SWIMM, KENNETH	655 LONE OAK DRIVE	EAGAN MN 55121
D	WILLIAMS, MICHAEL	655 LONE OAK DRIVE	EAGAN MN 55121
D	OWENS, WILLIAM	655 LONE OAK DRIVE	EAGAN MN 55121
PT	BARBEE, MICHAEL	655 LONE OAK DRIVE	EAGAN MN 55121
S	GRAY, LISA A	655 LONE OAK DRIVE	EAGAN MN 55121

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
NRAI Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 526 E. Park Avenue
 Suite, Apt. #, Etc.

City Tallahassee

State FL

Zip Code 32301

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. or 617.0505, F.S.

Signature of Registered Agent

Sue Brodtmann

Date

12-2-03

REGISTERED AGENT MUST SIGN

Sue Brodtmann, asst. Secretary

11. 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:

Lisa A. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/03 952-346-3582

Daytime Phone #

FILED
 03 DEC -8 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 03



200025312322
 12/08/03--01014--027 **750.00

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