


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                              |                                                                                   |                                                                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Glenda E. Hood</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

**FILED**  
 03 DEC 31 AM 9:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P02000105652**

1. Corporation Name

**CAST YOUR NET DISTRIBUTORS, INC.**

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business                             | Mailing Address                                         |
| 9001 JACARANDA LANE<br>SUITE 106<br>PLANTATION FL 33324 | 9001 JACARANDA LANE<br>SUITE 106<br>PLANTATION FL 33324 |



**REINSTATEMENT 03**

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 |  | 4. Date Incorporated or Qualified To Do Business in Florida                                    |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 10/01/2002                                                                                     |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                                                                  |  |
| Zip                                            |  | Country                                      |  | Applied For                                                                                    |  |
|                                                |  |                                              |  | Not Applicable                                                                                 |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                      |  |
|                                                |  |                                              |  | <input checked="" type="checkbox"/> \$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 |
|------------|-------------------------------------|--------------------------------------------------|----------------------|
| PTD        | SARFATY-WILLIAMS, GIULIANA          | 9001 JACARANDA LANE                              | PLANTATION FL 33324  |
| VSD        | WILLIAMS, TROY                      | 9001 JACARANDA LANE                              | PLANTATION FL 33324  |
|            |                                     |                                                  |                      |
|            |                                     |                                                  |                      |
|            |                                     |                                                  |                      |
|            |                                     |                                                  |                      |

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 12/31/03--01040--018 \*\*150.00

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|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8. Name and Address of Current Registered Agent</b><br><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 | <b>9. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>Suite, Apt. #, Etc. _____<br>City _____ State <b>FL</b> Zip Code _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

# Altman & Makris, P.L.

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Certified Public Accountants and Advisors

December 4, 2003

FL Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Re: Cast Your Net Distributors, Inc Doc #P02000105652

I am writing on behalf of Cast Your Net Distributors, Inc., as their Certified Public Accountant. This correspondence is in regard to your notice of delinquency on their annual corporate fee and the filing of their 2003 Uniform Business Report.

This is the first year of operation for Cast Your Net Distributors, Inc. Failure to file was not intentional. The shareholders have no record or recollection of receiving the original notice for filing with a \$150 fee.

We have included a check for the original \$150 filing fee. We ask that you forgive the reinstatement fee and other additional charges due to the facts stated above.

We appreciate your consideration of our appeal and wait to hear your decision on this matter.

Sincerely,

  
John A. Makris  
Certified Public Accountant

Woolbright Corporate Center  
1903 S. Congress Avenue Suite 350 Boynton Beach, FL 33426  
Phone: 561 733-5300 Fax: 561 733-5333 E-Mail: Altman & Makris@fdn.com