

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**



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

DOCUMENT # PA60000079826
1. Corporation Name
3 Net, Inc.

REINSTATEMENT 99-00

2. Principal Office Address <u>3550 Holiday Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 941145</u> Suite, Apt. #, etc.	
City & State <u>Apopka FL</u>		City & State <u>Ma. Halland FL</u>	
Zip <u>32703</u>	Country <u>USA</u>	Zip <u>32794-1145</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>9-26-96</u>	
5. FEI Number <u>59-3406617</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>JAMES R. SABOFF</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3550 Holiday Ave</u>	
Suite, Apt. #, Etc.	
City <u>Apopka</u>	State Zip Code <u>FL 32703</u>

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***900.00 ***900.00

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 [Signature] Date 5/4/00
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
D T	JAMES R SABOFF	3550 Holiday Ave	Apopka FL 32703
D P	Stephen D SABOFF	1145 Errol PKWY	Apopka FL 32712

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: [Signature] JAMES R SABOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/4/00 (407) 532 9712
Daytime Phone #

CR2E081 (9/99)