

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 20 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000079308

1. Corporation Name

CITYWALK.NET, INC.

Principal Place of Business	Mailing Address
120 S. OLIVE AVE. SUITE 501, 502 W. PALM BEACH FL 33401 US	120 S. OLIVE AVE. SUITE 501, 502 W. PALM BEACH FL 33401 US

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

2. New Principal Office Address, If Applicable 319 Clematis Street Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country US	3. New Mailing Office Address, If Applicable 319 Clematis Street Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country US
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[Handwritten initials]



4. Date Incorporated or Qualified To Do Business in Florida 09/11/1997	5. FEI Number 65-0778754	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	WOZNIAK, ROGER B III	1082 EGRET CIRCLE NORTH 319 Clematis Street #300	JUPITER FL 33458 West Palm Beach, FL 33401
D	DRAGON, DAVID	19004 N. RIVERSIDE DRIVE 319 Clematis Street #300	TEQUESTA FL 33489 West Palm Beach, FL 33401
D	FRIEDMAN STEVEN	11002 SE TIFFANY WAY 319 Clematis Street #300	TEQUESTA FL 33489 West Palm Beach, FL 33401
			100003454461--8 -11/07/00--01018--004 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

WOZNIAK, ROGER B III
 120 S. OLIVE AVE.
 SUITE 501, 502
 WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: WOZNIAK, ROGER B III
 Street Address (P.O. Box Number is Not Acceptable): 319 Clematis Street
 Suite, Apt. #, Etc.: # 300
 City: West Palm Beach State: FL Zip Code: 33401

CR2E040 (8/00)

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.

Signature of Registered Agent: *[Handwritten Signature]* Date: 10/16/00
 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: *[Handwritten Signature]* Date: 10/16/00 Daytime Phone #: 561-832-4840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR