PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 22 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088222

1. Corporation Name
INVERNET CAPITAL, INC.

REINSTATEMENT 04

2. Principal Office Address	**3.** Mailing Office Address
9809 NW 80th Ave	9809 NW 80th Ave.
Suite, Apt. #, etc.: 9L	Suite, Apt. #, etc.: 9L
City & State: HIALEAH GARDENS FL	City & State: HIALEAH GARDENS FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/13/1997

5. FEI Number 650787219 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARLOS M GARCIA

Street Address (P.O. Box Number is Not Acceptable): 4239 SABAL RIDGE CIRCLE

Suite, Apt. #, Etc.:

City: WESTON State: FL Zip Code: 33331

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 _____ Date 10/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PS	CARLOS M. GARCIA	4239 SABAL RIDGE CIRCLE	WESTON, FL 33331
VPT	MERCEDES E GARCIA	4239 SABAL RIDGE CIRCLE	WESTON, FL 33331

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10/22/04--01069--018 **750.00

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: _____ president 10/20/04 954-659-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #