

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897000088222

1. Corporation Name

INVERNET CAPITAL INC

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4239 Sabal Ridge Circle

3. Mailing Office Address

4239 Sabal Ridge Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

Broward

Zip

33331

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1997

5. FFL 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
Hector 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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Hector Garcia**

Date **11/01/2007**

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
PS	Carlos M Garcia	4239 Sabal Ridge Circle	Weston, FL
TV	Hector M Garcia	4239 Sabal Ridge Circle	Weston, FL

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11/05/07--01058--021 **308.75

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 contained in Chapter 119, 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:

Hector Garcia (Hector M. Garcia)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2007
Date

(954)816-7738
Daytime Phone #