

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 NOV 28 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073336

1. Corporation Name

SECOND UNIVERSE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

300-B WHARFSIDE WAY
JACKSONVILLE FL 32202

300-B WHARFSIDE WAY
JACKSONVILLE FL 32202

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/17/1999

5. FEI Number

59-3594549

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
resident	H. Robert Monsky	300-B Wharfside Way	Jacksonville, FL 32202
vice president	Bob Todd Porter	2837 Dawn Rd	Jacksonville, FL 32207
secretary & Pres.	Tom Slade	124 Harbourmaster Court	Ponte Vedra Beach 32082

500003509265--4
-12/20/00-01083-002
****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A.
ONE INDEPENDENT DR., STE. 3200
JACKSONVILLE FL 32202

Name STONEBURNER, BERRY, GOLDMAN & SIMMONS, A.P.
Street Address (P.O. Box Number is Not Acceptable)
225 WATER STREET, SUITE 2050
Suite, Apt. #, Etc.
City Jacksonville, FL
State FL Zip Code 32202

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 10/29/00

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]* monsky 10/23/00 904-396-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)