PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 14 AM 10:40

DOCUMENT # F00000001740

1. Corporation Name
NationNet Communications Corporation

2. Principal Office Address	3. Mailing Office Address
35 Carriage House Dr.	35 Carriage House Dr.
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: Jackson, TN	City & State: Jackson, TN
Zip: 38305 Country: USA	Zip: 38305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-31-2000

5. FEI Number: 64-0906943 ☐ 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: Lester Berry

800004753873--4
-01/24/02--01026--004
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 14202 83rd South West Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11/13/01

CR2E031 (6/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ralph Monroe	35 Carriage House Dr.	Jackson, TN 38305
V	Amalia Marcella	35 Carriage House Dr.	Jackson, TN 38305

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: Ralph Monroe 12-13-01 731-660-6546
SIGNATURE AND TYPED OR PRINTED NAME OF S'GNING OFFICER OR DIRECTOR — Date — Daytime Phone #