FO (TRICITADIATES) 2305°

Division of Corporations	
SUBJECT: HOMENET, INC. (Name of Corporation - must inc.)	
(Name of Corporation - must inc	clude suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tran Existence", and check are submitted to register the above referenced foreign	nsact Business in Florida", "Certificate of corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:	
Jesse Biter (Name of Person)	
(Name of Person)	
Homenet, Inc. (Firm/Company)	
(Firm/Company)	
4040 Crockers Lake Blvd, 5 (Address) Sarasota, FL 34238 (City/State and Zip Code)	vite 1716
(Address)	
Sarasota, FL 34238	en e
(City/State and Zip Code)	
For further information concerning this matter, please call:	4000040442648 -04/23/0101119005 *****87.50 *****87.50
Jesse Biter at 941- (Name of Person)	971 7111
(Name of Person)	Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399 MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fe Certificate of Status Certified Copy	ee & \$87.50 Filing Fee, Certificate of Status & Certified Copy

4/25

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Homenet, Incorporated
(Name of corporation: must include the word "NCORPOR ATED" "COMPANY" "CONPOR ATTON
respond to will detail it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. PA (State or country under the law of which it is incorporated) 3. 23-2878377 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-14-1997 [Date of Incorporation] 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607 1501 607 1502 and 817 155 FG.)
(522 525 kilotti 007.1501, 007.1502 and 817.155. F.S.)
7. 4040 Crockers Lake Blud Suite 1716 Sarasota, FL 34738
(Principal office address)
4040 Crockers Lake Blud, Svite 1716 Sarasota, FL 34238
(Current mailing address)
8. Business Computer Consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Jesse Biter
doug Color of the 17/
Office Address: 4040 Crockers Lake Blud, Svite 1716
Sarasota, FL 34238, Florida 34238 (City) (Zip Code)
(City) (Zip Code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIREC	CTORS						
Chairman:	Jesse	Biter		-			
Address: _	4040	Crockers L	Lake Blud, S	vite 1716, Sar	asota, FL 34238	_ `	
Vice Chairn	aan:					··.	
Address: _							
Director: _							
Address: _					<u> </u>	<u></u> .?	
Director: _			77			<u>-</u> ·· · ·	
Address: _							
B. OFFIC	ERS	_					
President: _	Jess	e Biter					
Address: _	4040	Crockers	Lake Blud.	Suite 1766, 3	Sarasota, FL 34238	<u> </u>	
Vice Preside	nt:				- Mari		
Address: _	·	1			2 10 mm		
Secretary:					=		
Address: _							
Treasurer: _						<u> </u>	
Address: _							
NOTE: If	necessary, yo	ou may attach an add	dendum to the applica	tion listing additional o	fficers and/or directors.	<u> </u>	
13.				fficer listed in number 12 of		<u></u>	
14.	Tes	se Bizer				<u> </u>	
(Typed or printed name and capacity of person signing application)							

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 10, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

HOMENET, INC.

and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

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Secretary of the Commonwealth