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2/16/2016 2:54:07 PM From: To: 8506176384(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 16 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # F10000002050

1. Corporation Name
CENTRINET CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13010 MORRIS ROAD		13010 MORRIS ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
BLDG 1, STE 175		BLDG 1, STE 175	
City & State		City & State	
ALPHARETTA, GA		ALPHARETTA, GA	
Zip	Country	Zip	Country
30004	USA	30004	USA

4. Date Incorporated or Qualified To Do Business in Florida
04/30/2010

5. FEI Number
02-0589916
X Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City	State	Zip Code
PLANTATION	FL	33324

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 Connie Bryan Connie Bryan Date 2/16/2016
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
PST	KEITH PASCHALL	13010 MORRIS ROAD BLDG 1, STE 175	ALPHARETTA, GA 30004

10. E-mail Address: Finance@centrinetcorp.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Keith Paschall Keith Paschall 2/16/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EL010 - 05/17/2013 Wolters Kluwer Online

RG 2/16/16

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CORPORATION REINSTATEMENT
CENTRINET CORPORATION

Certificate of Status	0
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