

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000001724

1. Corporation Name

INSTANT WEB, INC.

Principal Place of Business

Mailing Address

7951 POWERS BLVD
CHANHASSEN MN 55317

~~1600 PARK ROAD~~
CHANHASSEN MN 55317

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

~~1600 PARK ROAD~~
7951 Powers Blvd.
Chanhasen MN
55317-9326 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1996

5. FEI Number

41-0946762

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	BEDDOR, FRANK JR	4400 GULF SHORE BOULEVARD NORTH	NAPLES FL 34103
D	BEDDOR, MICHELLE M	469 SOUTH CONVENT AVENUE #2	TUCSON AZ 85701
CEO	ANDERSON, JAMES N E	1600 PARK ROAD 7951 Powers Blvd.	CHANHASSEN MN 55317
CFO	KARLE, PETE	1600 PARK ROAD 7951 Powers Blvd.	CHANHASSEN MN 55317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEDDOR, FRANK
4400 GULF SHORE BLVD N. #602
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

400004716564--8

12/10/01--01080--006

***750.00 ***750.00

State

Zip Code

FL

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

Frank Beddor Jr
REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

Pete Karle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

FILED

01 NOV -5 PM 6:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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CR2ED40 (6/01)