

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <small>DIVISION OF CORPORATIONS</small>	
<b>DOCUMENT #</b> <u>F97000002163</u>			
<b>1. Corporation Name</b> <u>International Exchange Networks, Ltd. Co. (dba Inxnet, LTD. Co.)</u> <u>88 Pine St.</u> <u>New York, NY 10005</u>			
<b>Principal Place of Business</b> <u>New York</u>		<b>Mailing Address</b> <u>88 Pine St.</u> <u>New York, NY 10005</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>3. New Mailing Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>10/23/98</u>		<b>5. FEI Number</b> <u>13-3706327</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	David Walsh	88 Pine St.	New York, NY 10005
COO	Charles Auster	88 Pine St.	New York, NY 10005
CFO	Brian Reach	88 Pine St.	New York, NY 10005
Director	Robert Wang	88 Pine St.	New York, NY 10005
Director	Peter Wang	88 Pine St.	New York, NY 10005
Director	Richard Smith	88 Pine St.	New York, NY 10005
<b>8. Name and Address of Current Registered Agent</b> <u>CT Corporation System</u> <u>1700 South Pine Island Road</u> <u>Plantation, FLA 33324</u>		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number, if any) Suite, Apt. #, Etc. City State      Zip Code	
<b>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.</b>			
Signature of Registered Agent <u>Connie Bryan</u> <b>CONNIE BRYAN</b> <small>REGISTERED AGENT MUST SIGN</small>		Date <u>5/28/99</u>	
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(See other side for information on intangible tax.)			
<b>12. 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.</b>			
<b>SIGNATURE:</b> <u>David Walsh</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>DAVID WALSH CEO</b>		Date <u>5/26/99</u>	
		Daytime Phone # <u>(212) 858-7986</u>	

CR2E087 (12/98)