

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L02000035154

Name and Mailing Address

0011457 01 AT 0.292 **AUTO T2 3 0615 34786-151313
INTERNETFRAMEWORK, LLC
P.O. BOX 1513
WINDERMERE FL 34786-1513

600025264696
12/08/03--01003--005 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business P.O. BOX 1513 WINDERMERE FL 34786-1513		5. Date Organized or Qualified To Do Business in Florida 12/27/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3733237	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BRONSON, HALEY D 100 CHURCH ST. KISSIMMEE FL 34741		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 11/16/2003 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	John Ranaudo	12633 Haddon DV	Windermere, FL 34786
CIO	LARRY Kelly	149 Overoaks Pl	Sanford, FL 32771-7465

REINSTATEMENT

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date 11/16/2003 Daytime Phone # 407 383 1602

Typed or printed name of signing Managing Member/Manager John Ranaudo

CR2E084 (7/03)