

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2003



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L35775

1. Corporation Name

SPRAWLNET.COM INC.

1000 W Island Blvd.

2. Principal Office Address
1000 W Island Blvd.

3. Mailing Office Address

Suite, Apt. # etc.
#1611

Suite, Apt. #, etc.

City & State
Aventura, Florida

City & State

Zip
33160

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/1989

5. FEI Number
65-0166646

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Susi, Alfredo

Street Address (P.O. Box Number is Not Acceptable)
1000 W. Island Blvd

Suite, Apt. #, Etc.
#1611

City
Aventura

10003766630
06/04/04--01035--001 **50.00

700037666347
06/04/04--01035--002 **150.00

State
FL Zip Code
33160

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

Date

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
PD	Susi, Alfredo	1000 W. Island Blvd #1611	Aventura, FL 33160
ST	Susi, Alfredo	1000 W. Island Blvd #1611	Aventura, FL 33160

10. 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:

Alfredo Susi
Susi, Alfredo

6/2/2004

(305)984-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Sprawlnet.Com

13 2002
1000 W. Island Blvd #1611
Williams Island, FL 33160

June 2, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

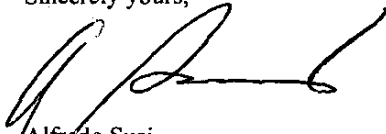
Dear Sir:

We did not receive the Annual Report Form because we had move to a new address for years 2003 and 2004.

Enclose are copies of reinstatement Annual Reports for 2003 and 2004, and two checks for \$150.00 each.

If you have any questions feel free to contact me at (305) 984-3337.

Sincerely yours,



Alfredo Susi
President
Sprawlnet.Com

Enclosures (2)