

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N94000000756

1. Corporation Name

BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC

Principal Place of Business

Mailing Address

6835 S.W. 45TH LANE
#8
MIAMI FL 33155

4201 WILSON BLVD
#110-143
ARLINGTON VA 22203-1859
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4005814

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	BERGER, STEPHANIE Braunhardt, Scott	4231 MONTGOMERY ST #105 841 Ashland ST, Apt B	OAKLAND CA Houston, TX 77001
D	ROEHLING, KRIS Ferrer, Luigi	340 HILLMAN AVE 6700 SW 52nd ST	ORLANDO FL Miami FL 33155
D	TURNER, TIMOTHY Marquette, Will	4661 EDWARDIAN CIRCLE, APT 1B 563 Jersey Ave, Apt 4R	INDIANAPOLIS IN 46234 Jersey City, NJ 07074
D	OWEN, RON Saiff, Barry	8620 E SAN MIGUEL 180 Brannan ST	SCOTTSDALE AZ 85250 San Francisco, CA 94107
D	BUCKNAM, MARCELLA Wilbur, Gigi Raven	9505 R PLAZA, #106 8919 Carousel	OMAHA NE 68127 Houston, TX 77080
D	SPINNER, JON	3726 WASHINGTON	KANSAS CITY MO 64111

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERRER, LUIGI

6835 S.W. 45TH LANE

#8

MIAMI FL 33137

Name

Ferrer, Luigi

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

6700 SW 52nd ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/00

Daytime Phone #

305-669-3031

CR2E040 (8/00)