

*[Handwritten mark]*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 31 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

11/25/02 01009 002 \$ 900.00

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

DOCUMENT # P0000002353

1. Corporation Name  
 INSURANCE NET, INC

2. Principal Office Address  
 455 NE 167TH STREET  
 Suite, Apt. #, etc.  
 455  
 City & State  
 NORTH MIAMI BEACH, FLORIDA  
 Zip Country  
 33162 DADE

3. Mailing Office Address  
 455 NE 167TH STREET  
 Suite, Apt. #, etc.  
 455  
 City & State  
 NORTH MIAMI BEACH, FLORIDA  
 Zip Country  
 33162 DADE

4. Date Incorporated or Qualified To Do Business in Florida 1/7/2000

5. FEI Number 65-0977421  
 Applied for Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
 HOMSI, RANDA  
 Street Address (P.O. Box Number is Not Acceptable)  
 455 NE 167TH STREET  
 Suite, Apt. #, Etc.  
 455  
 City  
 NORTH MIAMI BEACH  
 State Zip Code  
 FL 33162

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 *[Signature]* Date 11/18/2002  
 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 / Street / Zip
CP	HOMSI, RANDA	455 NE 167TH STREET	NORTH MIAMI BEACH, FL 33162

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(9)(b), 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]* Date 11/18/2002 305-770-9977  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #