

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

PKC/LLD

DOCUMENT # P0000005800

1. Corporation Name
GH NET, INC.

FILED

01, OCT 24 PM 5: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5174 NORTHRIDGE RD. #109 SARASOTA FL 34238	Mailing Address 5174 NORTHRIDGE RD. #109 SARASOTA FL 34238
--	--



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 01/19/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0974535
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	HOCHMANN, DANNY Z	3910 75TH ST., W., APT 2110	BRADENTON FL 34209
P	HOCHMANN DANNY Z	5174 NORTHRIDGE RD. #109	SARASOTA FL 34238
			100004672991--8 11/08/01 01072-003 ****150.00 ****150.00
			DIUBER

8. Name and Address of Current Registered Agent HOCHMANN, DANNY Z 3910 75TH ST., W., APT 2110 BRADENTON FL 34209	9. Name and Address of New Registered Agent Name: DANNY HOCHMANN Street Address (P.O. Box Number is Not Acceptable): 5174 NORTHRIDGE RD #109 Suite, Apt. #, Etc.: SARASOTA, FL 34238 City: SARASOTA, FL State: FL Zip Code:
---	---

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: *Danny Hochmann* REGISTERED AGENT MUST SIGN Date: 10/12/01

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: *Danny Hochmann* 10/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

10-15-00

Page 2 of 2

To Corp. State.

I am sending an annual fee \$150. -
I never received any notices, and
when I called, I was told to send
the regular payment without the
reinstatement fee.

Thanks

Danny Kell

Please call if questions.

941-704-7653