

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 PM 4:24

DOCUMENT # P0000102932

1. Corporation Name

WEBNET, INC.

Principal Place of Business

Mailing Address

3118 GULF TO BAY BLVD SUITE 100
CLEARWATER FL 33759

3118 GULF TO BAY BLVD SUITE 100
CLEARWATER FL 33759



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

11/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1084637

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PRAST, BILL	1021 SERPENTINE DR.	SAINT PETERSBURG FL 33705
VP	HALL, JARED	1517 CAIRO WAY	PALM HARBOR FL 34683

600024764426
11/17/03--01103--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRAST, WILLIAM
1021 SERPENTINE DR
SAINT PETERSBURG FL 33705

Name William PRAST
Street Address (P.O. Box Number is Not Acceptable)
1121 Serpentine Dr South
Suite, Apt. #, Etc.
City St. Petersburg State FL Zip Code 33705

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10/10/03

REGISTERED AGENT MUST SIGN

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)(f), 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 10/10/03 727 287 5000 Daytime Phone #

CR20040 (7/03)

2/2

DAVID M. GLASER & ASSOCIATES, INC.

November 5, 2003

Florida Department of State
Corporation Reinstatement
PO Box 6327
Tallahassee, FL 32314

Re: WEBNET, INC. – Reinstatement

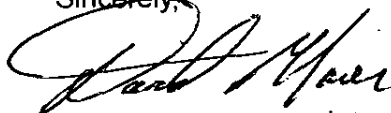
To Whom It May Concern:

I am writing on behalf of my client, WebNet Inc, in reference to the above matter. The company has gone through various management and administrative changes over the past two years. This included properly getting various corporate documents to the President of the Company, William Prast.

Enclosed herewith you will find their payment in the amount of \$150 for the reinstatement and requesting waiver of any late filings due to the above circumstances. The company is currently in severe financial problems and trying to work through these without going out of business.

We appreciate your help and assistance in this matter.

Sincerely,



David Glaser