

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 11 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018518

1. Corporation Name

INET COMMUNICATIONS INC.

700011193497
01/29/03--01093--002 **750.00

2. Principal Office Address

1550 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

SUITE 306

City & State

~~NORTH MIAMI BEACH, FL~~

Zip
33179

Country
DADE

3. Mailing Office Address

1550 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

306

City & State

~~NORTH MIAMI BEACH, FL~~

Zip
33179

Country
DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 19, 2001

5. FEI Number

65-1080139

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

Ronald L. Davis Esq

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

Suite 200 1550 N.E. Miami Gardens Dr.

Suite, Apt. #, Etc.

Suite 200

City

North Miami Beach

State
FL

Zip Code
33179

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]

REGISTERED AGENT MUST SIGN

Date Feb 5, 2003

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
P/D	JORGE MENA	SUITE 306, 1550 NE MIAMI GARDENS DR.	NORTH MIAMI BEACH, FL 33179
T/D	RONALD L. DAVIS	SUITE 200, 1550 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/03

Date

305-940-9240

Daytime Phone #

CR2001 (10/02)