

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -2 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000074167

1. Corporation Name

LanProviders.Com, Inc.

200009794662
01/03/03--01003--015 **758.75

2. Principal Office Address
3876 Southwest 112th Avenue

3. Mailing Office Address
1598 Cass Avenue Northwest

Suite, Apt. #, etc.
Suite #110

Suite, Apt. #, etc.
c/o T.J. Iglesias

City & State
Miami, Florida

City & State
Palm Bay, Florida

Zip
33165 4434

Country
United States

Zip
32907 8672

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida 27 July 2001

5. FEI Number
65-1132679

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
Dennis Gonzalez, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3876 Southwest 112th Avenue

Suite, Apt. #, Etc.
Suite # 110

City
Miami

State
FL

Zip Code
33165 4434

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

Dennis Gonzalez, Jr.
REGISTERED AGENT MUST SIGN

Date 06 December, 2002

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
C.E.O.	Dennis Gonzalez, Jr.	3876 Southwest 112th Avenue Suite #	Miami, Florida 33165 4434
C.F.O.	Tomi Jo Hunt Iglesias	1598 Cass Avenue Northwest	Palm Bay, Florida 32907 8672

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:

Tomi Jo Iglesias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomi Jo Hunt Iglesias

06 Dec. 02

(321) 432 6518

Date

Daytime Phone #

CR2ED81 (9/01)

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