

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 AUG 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106315**

1. Corporation Name

EMAX NET, INC.

Principal Place of Business

**8715 CRESTGATE CIRCLE
ORLANDO FL 32819**

Mailing Address

**8715 CRESTGATE CIRCLE
ORLANDO FL 32819**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**6645 Vineland Road
Suite, Apt. #, etc.
240**

Orlando Florida

32819

3. New Mailing Office Address, If Applicable

**6645 Vineland Road
Suite, Apt. #, etc.
240**

Orlando Florida

32819

REINSTATEMENT 0203



900021516129
07/14/03--01035--015 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2001

5. FEI Number

59-3759122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75-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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V.P.	Don O'Neill	6645 Vineland Road	Orlando, FL-32819
E.D.	Matthew Weber	6645 Vineland Road	Orlando, FL-32819
T.A.	Roxanna Weber	6645 Vineland Road	Orlando, FL 32819
P.O.	Craig Sultorpe	6645 Vineland Road	Orlando, FL 32819

900021516129
08/19/03--01009--003 **150.00

8. Name and Address of Current Registered Agent

**WEBER, ROXANNA
8715 CRESTGATE CIRCLE
ORLANDO FL 32819**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Orlando

FL

32819

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
REGISTERED AGENT MUST SIGN

Date **7/10/2003**

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2003 40709970
Date Daytime Phone #