

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000044434

1. Corporation Name

CFLNET, INC

2. Principal Office Address - No P.O. Box #
5606 EGGLESTON AVE

Suite, Apt. #, etc

City & State
ORLANDO FL

Zip Country
32810 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/10/2007

5. FEI Number
20-8803678

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
CHRISTOPHER A BELL

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

5606 EGGELTON AVE

Suite, Apt. #, Etc

City
ORLANDO

State Zip Code
FL 32810

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Christopher Bell

Date 12/16/2009

REGISTERED AGENT MUST SIGN

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	CHRISTOPHER A BELL	5506 EGGLESTON AVE	ORLANDO FL 32810

10. E-mail Address: cbell@cflnet.net

(To be used for future annual report notification)

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. I further certify, 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: *Christopher Bell*

PRESIDENT

12/16/2009 407-832-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 21 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163833125
12/21/09--01053--009 **300.00

REINSTATEMENT

08-09