

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000016356

1. Corporation Name

PERSONET, INC.

2. Principal Office Address

33907 US Hwy 19 North

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3436

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Holiday, FL

Zip

34684

Country

US

Zip

34690

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

3/2/94

5. FEI Number

59-3241874

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

ROBERT V. RILEY

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

8140 SILVERMIST PL

Suite, Apt. #, Etc.

400004086014-6
-04/30/01-01002-008
****308.75 ****308.75

City

New Port Richey

State

FL

Zip Code

34655

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

Robert V. Riley

Date

4/12/01

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
<u>Pres</u>	<u>ROBERT V. RILEY</u>	<u>8140 SILVERMIST PL</u>	<u>New Port Richey, FL 34655</u>
<u>Sec</u>	<u>MARGARET E. RILEY</u>	<u>8140 SILVERMIST PL</u>	<u>New Port Richey, FL 34655</u>

SP

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:

ROBERT V. RILEY Robert V. Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

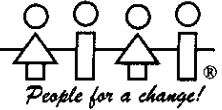
Date

4/12/01

Daytime Phone #

727-781-2983

CR2E081 (9/99)



4/12/01

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Pursuant to our discussion today, please be advised that PersoNet, Inc. did not receive a 2000 Uniform Business Report. Enclosed is a Florida Corporation Reinstatement Form to reinstate PersoNet, Inc. FEIN # 59-3241874.

Also enclosed is our check in the amount of \$308.75, which includes \$300.00 as a reinstatement fee and \$8.75 for a Certificate of Status.

If you have any questions or need further information, please contact me at 727-781-2983

Sincerely,


Robert V. Riley, President