## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIVISION OF CORPORATIONS

| DOÇUMENT # | P94000028046 |
|------------|--------------|

1. Corporation Name

Principal Place of Business

**SIGNATURE:** 

PSS INTERNET SERVICES, INC.

FILED

LUKETARY OF STATE

FYISTON OF CORPORATIONS

00 MAR -6 AM 8: 10

| # 804   | ke Emer<br>d Park,                    | ald Dr.<br>FL 33309      | same   |                                     |  | REI                                      | NSTATEWENT 98-08   |  |
|---|---------------------------------------|--------------------------|--|-------------------------------------|--|--|--|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. |                                       |                          |  |                                     |  | 148                                      |  |  |
| New Principal Office Address, If Applicable     3. New Mailin   |                                       |                          | ing Office Address, If Applicable  |                                     | Date Incorporated or Qualified     To Do Business in Florida 4/13/94                         |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #,  |                                       |                          |  |                                     | 5. FEI Numbe   | er Applied For                           |  |  |
| City & State City & State   |                                       |                          | <del></del>  |                                     |  | 292321 Not Applicable                    |  |  |
| Zip Country Zip   |                                       | Zip                      | Country  |                                     | 6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status |  |  |  |
| 7. Names  | and Street Ad                         | dresses of Each Office   | er and/or Director (Flo  | rida nonprofit (                    | corporations must list at le   |  |  |  |
| Title(s)  | Name of Officers and/or Directors 2   |                          | Street Address of Each Officer and/or Director  (Do NOT Use Post Office Box Numbers) |                                     | or   | City / State / Zip                       |  |  |
| <b>⊅</b> D  | George                                | Kuhn                     |  | 105 Lake Emerald Dr                 |  |  | Oakland Park, FL 33309   |  |
| <b>₽</b> D  | Harry                                 | Millan                   |  | 100 Kings Point Dr.                 |  |  | Sunny Isles Beach, FL 33160  |  |
| <b>S</b> D  | D Charles Henderson 6254 Hwy. 150 Eas |                          |  | wy. 150 East                        |  | Denver, NC 28037                         |  |  |
|   |                                       | <u>.</u>                 | , p  |                                     | <u> </u>   | - <del></del>                            | 000031646460<br>-03/10/0001007009<br>***1058.75 ***1058.75   |  |
|   |                                       |                          |  |                                     |  |  | Lander   |  |
|   |                                       |                          |  |                                     |  |  | Marsh  |  |
|   | 8. Nan                                | ne and Address of Ci     | urrent Registered Age  | ent                                 | Name   | Name and Address of New Registered Agent |  |  |
| Ha  | rry-Mil                               | 1 an                     |  |                                     | David  | i-Matheny-                               |  |  |
| 100 Kings Point Dr. #1805 Street Ac   |                                       |                          |  |                                     | eet Address (P.O. Box Number is Not Acceptable) 05 Lake Emerald Dr., #804                    |  |  |  |
| Sunny Isles Beach, FL 33160   |                                       |                          |  | Suite, Apt. #, Etc. #804            |  |  |  |  |
|   |                                       |                          |  |                                     |  | nd Park                                  | State Zip Code FL 33309  |  |
|   |                                       |                          |  | oration, am far                     | niliar with and accept the   | obligations of Sec                       | tion 607.0505, F.S.  |  |
| Signature of Registered Agent AGENT MUST SIGN  Date 2-29-00   |                                       |                          |  |                                     |  |  | Date 2-29-00   |  |
|   |                                       | •                        | AERI21 EHED W  | ٠                                   |  |  |  |  |
|   |                                       |                          | the current y<br>operty Tax di   |                                     | 30. Yes  | □ No [                                   | (See other side for information on intangible tax.)  |  |
| this rein   | statement ap                          | pplication, the reason f | or dissolution has beer<br>not the names of individ                                  | n eliminated, th<br>duals listed on | ie corporate name satistie   | s the requirement<br>or an exemption ut  | napter 607 or 617, F.S. I further certify that when filing ts of section 607.0401 or 617.0401, F.S., that all fees nder section 119.07(3)(i), F.S. The information indicated |  |