

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000041913

1. Corporation Name

Internet Network Corporation

2. Principal Office Address

9436 Regency PK Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Port Richey FL

Zip

34668

Country

Pasco

3. Mailing Office Address

9436 Regency PK Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Port Richey FL

Zip

34668

Country

Pasco

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/1994

SP

5. FEI Number

59-3256712

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

Donna Fogel

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

9436 Regency Park Blvd.

Suite, Apt. #, Etc.

Suite A.

City

Port Richey

State
FL

Zip Code

34668

000003953278-5

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****900.00 ****900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/22/01

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>CEO</u>	<u>Donna Fogel</u>	<u>9436 Regency PK Blvd suite A</u>	<u>Port Richey, FL 34668</u>
<u>Chairman</u>	<u>Donna Fogel</u>	<u>9436 Regency PK Blvd suite A</u>	<u>Port Richey, FL 34668</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/06/01 727-842-4414
Daytime Phone #

CR2E081 (9/00)