

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041913**

1. Corporation Name

INTERNET NETWORK CORPORATION

Principal Place of Business

Mailing Address

9436 REGENCY PK BLVD., STE A
PORT RICHEY FL 34668

9436 REGENCY PK BLVD., STE A
PORT RICHEY FL 34668

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1994

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. 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
CEOC	FOGEL, DONNA	9436 REGENCY PK BLVD., STE A	PORT RICHEY FL 34668
	President FOGEL, WAYNE	9436 Regency Park Blvd	PORT RICHEY, FL 34668

8. Name and Address of Current Registered Agent

FOGEL, DONNA
9436 REGENCY PK BLVD., STE A
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name
WAYNE FOGEL

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

9436 REGENCY PARK BLVD

Suite, Apt. #, Etc.

PORT Richey

State

FL

Zip Code

34668

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]
REGISTERED AGENT MUST SIGN

Date

11/5/03

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

Date

Daytime Phone #

10/10/03 727-842-4444

CR2040 (7/03)

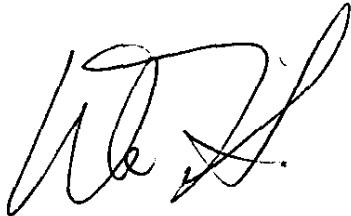
pg 2 of 2

Internet Network Corporation
9436 Regency Park Blvd.
Port Richey Florida 34668

To Dept of State Florida,

We did not receive prior notices of corporate fee's prior to the recent notice of dilution. Please waive the extra fee's associated with the delay. Also please note the corporation has gone through a chapter 11 reorganization which has been approved the change of officers being from Donna Fogel as President to Wayne Fogel as presented for the duration and in accordance with the approved reorganization plan.

Thank you
Wayne Fogel

A handwritten signature in black ink, appearing to read 'Wayne Fogel', is written over the printed name.