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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000053509			
1. Corporation Name Setnet Corporation			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 6619 South Dixie Highway Suite, Apt. #, etc. 22 Suite 301 City & State 23 Coral Gables FL Zip 24 33143		2a. Mailing Address 25 6619 South Dixie Highway Suite, Apt. #, etc. 27 Suite 301 City & State 28 Coral Gables FL Zip 29 33143	
3. Date Incorporated or Qualified 10/14/99		3a. Date of Last Report 10/14/99	
4. FBI Number 65-0508513		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent Miriam Cole 12173 S. Dixie Highway Miami, FL 33156		10. Name and Address of New Registered Agent 81 Name Corporate Creations Enterprises Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200 83 84 City Miami Beach FL 33139	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0503, Florida Statutes. Signature: <u>Luis A. Uriarte, President</u> DATE: <u>10/28/99</u>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		☐ Change ☐ Addition	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. Signature: <u>Nicolas Fodor, President</u> , by <u>L.A. Uriarte</u> as attorney in fact DATE: <u>10/14/99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

SETNET CORPORATION

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