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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
OCT -5 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053509

1. Corporation Name

SETNET CORPORATION

550 BILTMORE WAY
550 BILTMORE WAY

2. Principal Office Address

550 BILTMORE WAY

3. Mailing Office Address

550 BILTMORE WAY

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/18/1994

5. FEI Number
65-0508513

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
JK

7. Name and Address of Current Registered Agent

Name

NICOLAS FODOR

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

550 BILTMORE WAY

Suite, Apt. #, Etc.

SUITE 200

City

CORAL GABLES

State

FL

Zip Code

33134

700041610337
10/05/04-01075-999 ***300.00

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

REGISTERED AGENT MUST SIGN

Date 9/17/2004

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
P	NICOLAS FODOR	550 BILTMORE WAY SUITE 200	CORAL GABLES, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/2004

Date

(305) 461-9518

Daytime Phone #

CR2001 (01/04)

PS 2072

SETNET CORPORATION

September 17, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement form and a check for three hundred dollars (\$300.00). Also, we respectfully request a waiver of the late penalty fee for the following reasons:

1. We did not receive the Annual Report and Corporate Supplemental fees statement for the year of 2003 and 2004. As a result we did not send the payment.
2. The penalty will be a hardship to our company during this economic slow down.
3. We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,

Nicolas Fodor, President
For the firm

Enclosure