PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004360

1. Corporation Name

DTNET, INC.

SECRETARY: OF STATE TAEEAHASSEE, FLORIDA Principal Place of Business Mailing Address 3507 FRONTAGE ROAD 3507 FRONTAGE ROAD 150 150 TAMPA FL 33607 TAMPA FL 33607 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 01/18/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-3294237 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip D MOORE, MICHAEL M **18 BAHAMA CIR** DAVIS ISLAND FL 33606 -01/12/01--01009--026 ****150.00 ****150.00 **600003534156--**-01/12/01--01009--027 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MOORE, MICHAEL M Street Address (P.O, Box Number is Not Acceptable) 3507 FRONTAGE RD., STE. 150 Suite, Apt. #, Etc. TAMPA FL 33607 State Zip Code

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. Signature of Registered Agent REGISTERED AGENT MUST SIGN

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.

10/13/00 (813) 387

FILED

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