PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION , EOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P950	JU	UL	JU'	43	
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1. Corporation Name

DTNET, INC.

Principal Place of Business

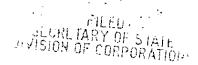
3507 FRONTAGE ROAD

150

Mailing Address

3507 FRONTAGE ROAD

150



03 JAN 28 AM 9:00.

REINSTATEMENT 02-03





TAMPA FL 33607 TAMPA FL 336			3607		400	400010197084 /01/17/0301975008 **750.00				
If above as	ddreeses are i	ncorrect in any way, line.th	rough incorrect in	nformation and	enter correction below	01/1//	∪3U1U/S008 **750.00			
. If above addresses are incorrect in any way, line through incorrect information at 2. New Principal Office Address, If Applicable 3. New Mailing Office Address				ng Office Addre	Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/18/1995			
Suite, Arm #, etc.			Suite, Apt. #, etc.			5. FEI Number	Applied For			
							59-3294237 Not Applicable			
City & State)	·	City & State			6.				
Zip		Country	Zip		Country		S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Add	Iresses of Each Officer and	1/or Director (Flo	rida nonprofit o	orporations must list at le	east 3 directors)				
Title(s) Name of Officers and/or Directors			3	Street Address of Each		City / State / Zip				
D MOORE, MICHAEL M				18 BAHAMA CIR			DAVIS ISLAND FL 33606			
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	Q Nom	o and Address of Currer	t Registered Ag	ent		Name and Address of New Registered Agent				
Name and Address of Current Registered Agent					Name					
MOORE, MICHAEL M					Street Address	Street Address (P.O. Box Number is Not Acceptable)				
3507 FRONTAGE RD., STE. 150					Oli COL Fladicos	Officer Addition (1.15) Description				
TAMPA FL 33607			Suite, Apt. #, E	tc.						
					City		State Zip Code			
							FL			
10. I, being	g appointed th	e registered agent of the a	bove named com	ooration, am fan	niliar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.0505, F.S.			
Signature o	of I Agent	Syska	FUR PRESISTERED A		ZURED	·	Date			
			/_		wearte this application a	us provided for in ch	nanter 607 or 617. F.S. I further certify that when filing			
		aliantian, the reason for di-	ecolution has bee	n eliminated th	ie corporate name satisti	ies the requirement	napter 607 or 617, F.S. I further certify that when filing its of section 607.0401 or 617.0401, F.S., that all fees inder 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. (813)864-9406

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR