

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 13 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9500009449

1. Corporation Name

METROLINK INTERNET SERVICES, INC

Principal Place of Business

Mailing Address

1600 SARNO ROAD
SUITE 214
MELBOURNE FL 32935

SAME

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

2. New Principal Office Address, If Applicable

1600 SARNO ROAD

Suite, Apt. #, etc.

SUITE 214

City & State

MELBOURNE FL

Zip

32935

Country

US

3. New Mailing Office Address, If Applicable

1600 SARNO ROAD

Suite, Apt. #, etc.

SUITE 214

City & State

MELBOURNE FL

Zip

32935

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

2/6/95

5. FEI Number

59-3301216

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	JAMES A. TAYLOR	1600 SARNO ROAD SUITE 214 MELBOURNE FL 32935	
V/S/D	THOMAS BATCHELOR	1600 SARNO RD. SUITE 214	MELBOURNE FL 32935

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

METROLINK
1600 SARNO ROAD
SUITE 214
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name METROLINK
Street Address (P.O. Box Number is Not Acceptable)
1600 SARNO ROAD
Suite, Apt. #, Etc.
SUITE 214
City MELBOURNE State FL Zip Code 32935

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

Thomas Batchelor, VP
REGISTERED AGENT MUST SIGN

Date 6/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Thomas Batchelor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President THOMAS BATCHELOR

Date 6/30/98

Daytime Phone # 407-253-9300

CR2E040 (1/98)