

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000017084**

1. Corporation Name

ACTINET, INC.

Principal Place of Business

10330 SW 154TH CIRCLE, COURT
APT. 51
MIAMI FL 33196

Mailing Address

10330 SW 154TH CIRCLE, COURT
APT. 51
MIAMI FL 33196

FILED
04 JAN -7 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

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

2. New Principal Office Address, If Applicable

15308 S.W. 117 ST

Suite, Apt. #, etc.

Miami

City & State

FLORIDA

Zip

33196

Country

USA

3. New Mailing Office Address, If Applicable

15308 S.W. 117 ST

Suite, Apt. #, etc.

Miami

City & State

FLORIDA

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1995

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	GONZALEZ, MIGUEL A	10330 SW 154TH CIRCLE, COURT, AP	MIAMI FL 33196
DVS	POLO-GONZALEZ, MARIA M	10330 SW 154TH CIRCLE, COURT, AP	MIAMI FL 33196

900025636759
12/19/03--01044--024 **600.00

900025636759
01/07/04--01034--022 **300.00

8. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL A
10330 SW 154TH CIRCLE, COURT
APT. 51
MIAMI FL 33196

9. Name and Address of New Registered Agent

Name

GONZALEZ MIGUEL A

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

15308 S.W. 117 ST

Suite, Apt. #, Etc.

Miami

City

State

FL

Zip Code

33196

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12-16-03**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-03

Date

Daytime Phone #

CR2E040 (7/03)