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FLEAGE						
CORPORATION PRIMEMALENVEST	Katho Secre	ARTMENT OF STATE erine Harris etary of State	FILED OD JUL 11 AM 9: 18			
UNIFORM BUSINESS REDOCT YEARS 1999 + 2000			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
	5000079339	TAUEAHASSEE. FEORIDA				
			:			
TEI	LNET OF ORLANDO	, INC.				
2. Principal Office Address	3. Mailing Office Ac	dress	6000033206560			
5634 Edgewater Driv	ve 5634 Edg	ewater Drive	-07/12/0001001015			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		****300.00 ****300.00 -			
			4. Date Incorporated or Qualified			
City & State	State City & State		5. FEI Number Applied For			
<u>Orlando, Florida</u>	Orlando,	Florida	593279588 Not Applicable			
Zip Country 32810 U.S.A	. Zip 32810	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED XX S8.75 Additional Fee required for a Certificate of Status			
	7. Name a	nd Address of Current Register	red Agent			
Name						
Kelly Street Address (P.O. Box N						
	Edgewater Drive					
Suite, Apt. #, Etc.			· · · · · · · · · · · · · · · · · · ·			
City			State Zip Code			
Orlando						
8. I, being appointed the registered age	of the above named corporation,	am familiar with and accept the o	biligations of section 607.0505 or 617.0503, F.S. Date $2-6-00$			
Signature of						
Registered Agent Date Date						
		·····				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas Titles Name of Street Address of Each						
	or Directors	Officer and/or Directo				
DSV Kelly Louis	56	34 Edgewater D:	rive Orlando, Florida 32810			
· · · · · · · · · · · · · · · · · · ·						
			50 7/12/02			
 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 pair 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 estimate shall have the same legal effect as if made under oath. SIGNATURE: 						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

LAW OFFICES **BARRETT, CHAPMAN & RUTA**

PROFESSIONAL ASSOCIATION

July 6, 2000

Richard Lee Barrett Victor L. Chapman* **R.** Steven Ruta

*Also Admitted in Georgia

18 WALL STREET ORLANDO, FLORIDA 32801

POST OFFICE BOX 3826 Orlando, Florida 32802-3826

TELEPHONE (407) 839-6227 TELECOPIER (407) 648-1190

Ms. Susan Payne Florida Department of State Division of Corporations -Post Office Box 6327 Tallahassee, Florida 32314-6327

RE: TELNET OF ORLANDO, INC.

Dear Ms. Payne:

As per our telephone conversation on July 5, 2000, I have enclosed an executed Uniform Business Report for the years 1999 and 2000 for the above referenced corporation. I have also enclosed a check for \$300.00 made payable to the Florida Department of State. I understand you will be waiving any reinstatement fee.

Telnet of Orlando, Inc., did not receive notice that the corporation was to be dissolved administratively for not having a registered agent. The enclosed form with the correct registered agent and mailing address should ensure there are no future problems.

Thank you for your assistance with this matter.

Very truly yours,

ZE CHAPMAN

VLC/mmm Enclosures

Mr. Kelly Louis

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