	PLEASE READ A	JI INST	RUCTIONS	BEFORE C	OMPLETI	ng th is form i	· · · · · · · · · · · · · · · · · · ·
APF	PLICATION FOR	DEPARTMEN Sandra B. Mor	NT OF STATE				
REIN	STATEMENT	Secretary of State vision of corporations			98 NOV 19 PM 12: 09		
DOCUMENT # P95000081012 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SOUTHERN INTERNET SYSTEM, INC.							
Principal Place of Business Mailing Address —					}		
· ·			CARRENO EL COMO				
US If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT 98		
			ng Office Address, If a	··	Date Incorporated or Qualified To Do Business in Florida 10/23/1995		
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State			etc.		5. FEI Number		Applied For
City & State City & State Zip Country Zip			Country	7	6.	59-3347372 \$8.75	Not Applicable Additional Fee regulred
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							a Certificate of Status
Title(s) 1 Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zlp	
D .	PRITULA, JAMES	3931 RCA BLVD., SUITE 3122			PALM BEACH GARDENS FL 33410		
D	RUTH, EDWIN	3931 RCA BLVD., SUITE 3122			PALM BEACH GARDENS FL 33410		
D	CALDERBANK, KEVIN	3931 RCA BLVD., SUITE 3122			PALM BEACH GARDENS FL 33410		
D	PALACE. JOHN	3931 RCA BLVD., SUITE 3122			PALM BEACH GARDENS FL 33410		
D	SCHERL, WILLIA	3931 RCA BLUD, SUITE 3122			PALM BEACH	GARDENS, FL. 33410	
1			400002706464 -12709/9801003007			4647 1003007	
Name and Address of Current Registered Agent Name					9. Name and Address 東東東京西班牙西班牙 Ag 中華 本本(50、UI)		
J	er, scott esq. U.S. Highway one		JOHN W. CARROLL, ESQ. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD				
SUITE 205 SUITE SUITE SUITE					•		
JONU BEACH PL 33408 City PALM B					SEACH GA	RDENS State	Zip Code 33410
10. I, being appointed the registered agent of the appropriate of the appropriate of Registered Agent Registered Agent Registered Agent						on 607.0505, F.S. Date 26v. 15	1998
11. This corporation owes or has paid the current year Intangible Personal Preperty 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 filling 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

0052464 AF

Date Daytime Phone #