

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000092403

1. Corporation Name

SOUTH FLORIDA INTERNET, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

P.O. BOX 11505

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34101

Country

USA

3. New Mailing Office Address, If Applicable

P.O. BOX 11505

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34101

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/4/95

5. FEI Number

65-0631649

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BECKWITH B. MILLER	355 PARK SHORE DR., #143	NAPLES, FL 34103
D	MARCUS P. ZILLMAN	1147 EDDINGTON PL.	MARCO ISLAND, FL 34145
			000003380140--8 -09/01/00--01040--024 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

STEPHEN DALTON, ESQ.  
1833 HENDRY ST.  
FT. MYERS, FL 33901

9. Name and Address of New Registered Agent

Name

MARCUS P. ZILLMAN

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

1147 EDDINGTON PL.

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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 BY:

REGISTERED AGENT MUST SIGN

Date 8/24/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS P. ZILLMAN

Date

8/24/2000

Daytime Phone #

941-434-5549

REINSTATEMENT

98-00

FILED  
00 AUG 25 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2000 (1/98)