

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**AND  
FILED**

98 NOV 19 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000095085**

1. Corporation Name

**SOUTHERN INTERNET SERVICES OF BROWARD COUNTY, I  
NC.**

Principal Place of Business

Mailing Address

3931 RCA BLVD. SUITE 3122  
PALM BEACH GARDENS FL 33410

3931 RCA BLVD. SUITE 3122  
PALM BEACH GARDENS FL 33410

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1995

5. FEI Number

65-0641776

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.	PRITULA, JAMES	3931 RCA BLVD, SUITE 3122	PALM BEACH GARDENS FL 33410
			700002706467--7 12/09/98--01003--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, SCOTT ESQ.  
14155 U.S. HIGHWAY ONE  
SUITE 205  
JUNO BEACH FL 33408

Name JOHN W. CARROLL, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.  
SUITE 216A

City PALM BEACH GARDENS State FL Zip Code 33410

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Nov. 18, 1998

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98 (561) 627-7227  
Date Daytime Phone #

CR2E040 (9/98)