

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000012113

1. Corporation Name

EXECUNET COMMUNICATIONS CORP.

Principal Place of Business

Mailing Address

2455 HOLLYWOOD BLVD HOLLYWOOD FL 33020

2455 HOLLYWOOD BLVD HOLLYWOOD FL 33020



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above	addresses are incorrec	t in any way, line through inc	orrect info	rmation a	nd enter correction below.			
2. New P	If Applicable 3. Ne	New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida On 10714000		
Suite, Apt.	Suite,	Suite, Apt. #, etc.						
City & Stat	City &	State			5. FEI Numbe	65-0554356	Applied For Not Applicable	
Zip	Count	y Zip			Country	6	E OF STATUS DESIRED	68.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses	of Each Officer and/or Direct	or (Florida	a nonprofi	t corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
PTD	DE MARCO, JOHN			2455 HOLLYWOOD BLVD			HOLLYWOOD FL	
SVD	SVD MANUEL, BRAD			2455 HOLLYWOOD BLVD			HOLLYWOOD FL	
					Rileo	50 10/30/	DODS598 (0201050005)55 **150.00
8. Name and Address of Current Registered Age				9. Name and Address of New Reg			ddress of New Registered	Agent
TERMINELLO, LOUIS J 2700 S.W. 37TH AVE. MIAMI FL 33133				. ,	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being	appointed the registere	ed agent of the above named	corporatio	on, am far	miliar with and accept the o	bligations of Section	on 607.0505, F.S. or 617.05	
Signature of Registered /	Agent S	REGISTER					Date 10 95	207
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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 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

11-12-02 Peasl simple either send our less Book Fire 000 so one clase the coop out or Reinstite Coep Bre mother term- orginal Revent war Recent by ust Bus cross Slow on a cetter way & Fine = THINKS John Dellyne pris JOHN DEMSECO 968 Holleyward blul Hellfand A 33020.