

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

1998 FEB -9 AM 11: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000023472**

1. Corporation Name

**COM-NET U S A, INC.**

Principal Place of Business

2635 MALL DRIVE  
SARASOTA FL 34231

Mailing Address

2635 MALL DRIVE  
SARASOTA FL 34231

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

03/11/1996

5. FEI Number

65-0635525

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>PSD</del>	<del>SMITH, BONNIE S</del>	<del>2635 MALL DRIVE</del>	<del>SARASOTA FL 34231</del>
Pres.	Lawrence Morris	2635 Mall Drive	Sarasota, FL 34231
VPS +	Randall J. Santora	2635 Mall Drive	Sarasota, FL 34231

**REINSTATEMENT**

100002423051--1

-02/12/98--01079--001

\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent

THEIS, JOHN R  
2651 MAPLELOFT LANE  
SARASOTA FL 34232

9. Name and Address of New Registered Agent

Name

Carl E. Patrick, Esquire

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

2828 Proctor Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

REGISTERED AGENT MUST SIGN

Date

2/2/98

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

Date

Daytime Phone #

2-2-98 941-927-2900

CR20040 (8/97)