

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**00 MAR 27 AM 11:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P96000089322

**1. Corporation Name**

Internet Zone, Inc.

**REINSTATEMENT** 97-00

**2. Principal Office Address**

5354 JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

5354

City & State

ORLANDO, FL. 32839

Zip

32839

Country

ORANGE

**3. Mailing Office Address**

5354

Suite, Apt. #, etc.

5354

City & State

ORLANDO, FL. 32839

Zip

32839

Country

ORANGE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10-30-96

**5. FEI Number**

☒ **Applied For**

☐ **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Carlton Thomas

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

5354 SOUTH JOHN YOUNG PARKWAY

Suite, Apt. #, Etc.

5354

City

ORLANDO

State

FL

Zip Code

32839

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Carlton Thomas

REGISTERED AGENT MUST SIGN

Date 3-24-2000

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	Carlton Thomas	5354 S. JOHN YOUNG PARKWAY	ORLANDO, FL. 32839
DIRECTOR	Evelyn Thomas	406 Alexander Street	Thomasville, Ga. 31792

**10. 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:**

Carlton Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2000-407-649-1600  
Date Daytime Phone #

**S. PAYNE MAR 27 2000**

CR2E081 (9/99)