

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name ATLANTIC NET, INC.

## 2. Principal Office Address

2601 S. Bayshore Dr.

Suite, Apt. #, etc.

Penthouse 1-B

City &amp; State

Miami, FL

Zip

33133

Country

U.S.A.

## 3. Mailing Office Address

Same as 2.

Suite, Apt. #, etc.

Same as 2.

City &amp; State

Same as 2.

Zip

Same as 2.

Country

Same as 2.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1996

## 5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

HKEF Registered Agent Corporation

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

2601 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 600

City

Miami

State  
FLZip Code  
33133

## 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

REGISTERED AGENT MUST SIGN

Date July 31, 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
D/P/T	David Godwin	2601 S. Bayshore Dr., PH 1-B	Miami, FL 33133
D/S	Nadeem Elahi	2601 S. Bayshore Dr., PH 1-B	Miami, FL 33133

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #