

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR 13 PM 12:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P07000001024

1. Corporation Name Internet Unix, Inc

W-5701

Principal Place of Business 8249 NW 36 Street Suite #206 Miami, FL 33166 Mailing Address 8249 NW 36 Street Suite #206 Miami, FL 33166

REINSTATEMENT

97.00

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 12/24/96 SP 5. FEI Number 65-0737291 6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: PST, Estuardo Benavides, 8249 NW 36 Street #206, Miami, FL 33166

400003182664-3 03/24/00-01041-011 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Estuardo Benavides, Street Address: 8249 NW 36 Street Suite #206, City: Miami, State: FL, Zip Code: 33166

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] Date 2/18/00 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/18/00 Daytime Phone # 305-608-5524

CR2E081 (12/98)