

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # *P97000043598*

1. Corporation Name
DSM.NET, Inc.

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~3517 Crestwood Ct.~~ ~~same~~
~~Lakeland, FL 33813~~

REINSTATEMENT *9899*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Post Office Box 93160		3. New Mailing Office Address, If Applicable same		4. Date Incorporated or Qualified To Do Business in Florida May 15, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State Lakeland, FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33804	Country U.S.	Zip	Country		

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
Dir.	James David Robinson, Sr.	Rt. 3, Box 3010 State Road 100	Quitman, GA 31643

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Eduardo F. Morrell, Esq. 2012 S. Florida Avenue Lakeland, FL 33801	Name Eduardo F. Morrell, Esq. Street Address (P.O. Box Number is Not Acceptable) 500 S. Florida Avenue Suite, Apt. #, Etc. # 210 City Lakeland, State FL Zip Code 33801

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 *Eduardo F. Morrell* Date *7/20/99*
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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]* **26 July 1999** 802-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (12/98)