PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P97000085158

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085158

1. Corporation Name

AMERICA'S WEB STATION INC.

Principal Place of Business	Mailing Address
501 Goodlette Rd., N. Suite A-200 Naples, FL 34102	501 Goodlette Rd., N. Suite A-200 Naples, FL 34102

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/1997

5. FEI Number: 65-0801734 | Applied For | Not Applicable

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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	LIPMAN, DEANNA	501 Goodlette Rd., N., A-200	Naples, Florida 34102
DS	SCAMMELL, SUE	501 Goodlette Rd., N., A-200	Naples, Florida 34102

REINSTATEMENT 98-99 cc

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: DEANNA LIPMAN

Street Address (P.O. Box Number is Not Acceptable): 501 Goodlette Rd., N.,

Suite, Apt. # Etc.: Ste. A-200

City: Naples | State: FL | Zip Code: 34102

CR2E040 (12/96)

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: Deanna Lipman — REGISTERED AGENT MUST SIGN

Date: April 22, 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Deanna Lipman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Lipman, Pres. — 4/22/99 Date — (941) 403-8560 Daytime Phone #