PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	PPLICATION FOR ISTATEMED	BI	Jim Secretar	TMENT OF STATE Smith y of State ORPORATIONS	,	FILED		
DOCUMENT # <b>P9800006726</b>					02 NOV 21 AM 11: 01			
1. Corpor	ration Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal F	Place of Business	Mailing Addr						
ļ	ETEOR AVE	I ISBNISS UN ISBNISS SALE SALE SALE SALE SALE SALE SALE SA						
STE A STE A			R FL 33765					
If above addresses are incorrect in any way, line through incorrect informati  2. New Principal Office Address, If Applicable 3. New Mailing Office								
	,	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     01/20/1998				
			, Apt. #, etc.		5. FEI Numbe		Applied For	
Zip	Country			Country	6.	√ so	Not Applicable 3.75 Additional Fee required	
						E OF STATUS DESIRED D	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and Name of Officers	or Director (Flo	rida nonprofit	··· · · · · · · · · · · · · · · · · ·		<del></del>		
Title(s)	and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
D	COLAMARINO, JEFFREY D			GLER DRIVE	***	CLEARWATER FL 33755		
D	MARSHALL, JAMES L	1456 HIGHFIELD DRIVE			CLEARWATER FL 33764			
D	SMITH, WILLIAM S			IFIELD DRIVE	· · · · · · · · · · · · · · · · · · ·	CLEARWATER FL 33764		
		,	``		· · · · · · · · · · · · · · · · · · ·			
			90009155709 11/21/0201103019 **158.75				<b>09</b> **158.75	
, ,, au								
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
COLAMARINO, JEFFREY D					0.6			
118 N. METEOR AVE				Street Address (P.O. Box Number is Not Acceptable)				
STE A	RWATER FL 33765		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
VLLAIN		City State Zip Code				Zip Code		
10. I, being	appointed the registered agent of the abo	ve named corpor	ration, am fam	illar with and accept the ol	oligations of Section		5, F.S.	
Signature of				JUHRED		No. 18	2000	

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Nov 18, 2002 727-466-6598

Daytime Phone #

## Newt, Inc



Web Design | Ecommerce Development | Marketing | Hosting

November 18, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Filing of Corporate Acct: P98000006726

Dear Madam or Sir:

I am the Director of Newt, Inc. and am in charge of corporate documents and filing. I unfortunately have not received the UBR documents in the mail. We have been a corporation in the state of Florida for 5 years and I have not missed one filing till now. I thought that it had been already taken care of and see that it has not. I do apologize for not taking care of this sooner, even though I did not receive it, I should still keep track of when it needs to be filed. I have enclosed the completed paperwork and payment. If there is anything additional I may need to do, please contact me at 727-466-6398. I am available M-F from 10am to 6pm.

Sincerely,

free Davelooment | tarketing pet sting

James Marshall

Jmarshall@newtweb.com