


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 21 PM 2:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000015727					
1. Corporation Name Mailnet Communications, Inc.					
2. Principal Office Address 701 NW 103 St.		3. Mailing Office Address 701 NW 103 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah Gardens		City & State Hialeah Gardens, Fl.			
Zip 33016	Country USA	Zip 33016	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 2-16-98	
				5. FEI Number 65-0811995	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Perez, Behar; Assoc. PA					
Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1st Ave.					
Suite, Apt. #, Etc.					
City Miami			State FL	Zip Code 33168	
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 [Signature]				Date 8-10-01	
REGISTERED AGENT MUST SIGN					
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	
PD	Dayneri Coto	3955 W. 11th Ave		Hialeah, Fl. 33012	
				500004610775--6	
				-09/25/01--01082--023	
				****300.00 ****300.00	
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: Dayneri Coto Pres.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	
				305-688-9694	

CRZE081 (9/00)