

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 4:43

DOCUMENT # P98000050255

1. Corporation Name

1 NET TRANSWORLD, INC.

Principal Place of Business

Mailing Address

10014 N DALE MABRY HWY
TAMPA FL 33618
US

2210 SHADEHILL CT.
TAMPA FL 33612-5044



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1998

5. FEI Number

59-3518151
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	BEBEAU, JON M	10014 N DALE MABRY HWY, STE 202 216	TAMPA FL 33618
			000003523670--2 01/04/01 01093 010 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOWNSEND, DAVID A
608 W. HORATIO STREET
TAMPA FL 33606-2228

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David A. Townsend
REGISTERED AGENT MUST SIGN

Date 11/20/00

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 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:

Jon M. Bebeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/00

CR20040 (8/00)

November 20, 2000

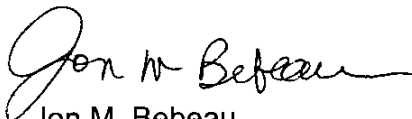
Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept the \$150.00 and our 2000 Uniform Business Report form. In the past, we were always sent a reminder notice. This year we did not receive one, and we do not want to lapse into default. We will make a note to remind ourselves that this filing is due on or before May 1st.

Thank you for your consideration. If we can be of further assistance, please do not hesitate to call. Our phone number is (813) 962-1638.

Sincerely yours,



Jon M. Bebeau
1Net Transworld, Inc.