

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

CORPORATION REINSTATEMENT

DOCUMENT # P98000050255

1. Corporation Name
Inet Transworld, INC

2. Principal Office Address <u>10014 N Dale Mabry</u> Suite, Apt. #, etc. <u>216</u> City & State <u>TAMPA, Fla</u> Zip <u>33618</u> Country <u>USA</u>	3. Mailing Office Address <u>10014 N Dale Mabry Hwy</u> Suite, Apt. #, etc. <u>216</u> City & State <u>TAMPA, FL</u> Zip <u>33618</u> Country <u>USA</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FILED
 02 MAR 14 PM 12:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified To Do Business in Florida 6/4/98

5. FEI Number 59-3518151 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name David A Townsend

Street Address (P.O. Box Number is Not Acceptable) 608 W. Horatio St

Suite, Apt. #, Etc.

City Tampa, FL State FL Zip Code 33606-2228

6000051810516-6
 -04/01/02-01095-021
 ***908.75 ***908.75

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 David Townsend Date 2/20/02

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
<u>PRST</u>	<u>Jon M. Bebeau</u>	<u>2210 Shadelake Cr</u>	<u>Tampa, FL 33612</u>

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: Jon M Bebeau Date 2/20/02 Daytime Phone # (813) 962-1638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E081 (8/01)

85