

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055521

1. Corporation Name

I-NET COMMERCE SOLUTIONS, INC.

Principal Place of Business

100 SOUTH ASHLEY DRIVE #1100
TAMPA FL 33602

Mailing Address

100 SOUTH ASHLEY DRIVE #1100
TAMPA FL 33602

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

2. New Principal Office Address, If Applicable

10304 Carroll Shores PL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10304 Carroll Shores PL

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1998

5. FEL Number

59-3540728

Applied For

Not Applicable

City & State

Tampa FL

City & State

Tampa PL

Zip

33612

Country

Zip

33612

Country

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
D	JENNER, JOHN	100 SOUTH ASHLEY DRIVE #1100 10304 Carroll Shores Place	TAMPA FL 33602 33612

REINSTATEMENT 99 1 TS

8. Name and Address of Current Registered Agent

JENNER, JOHN
100 SOUTH ASHLEY DRIVE #1100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name John Jenner
Street Address (P.O. Box Number is Not Acceptable)
10304 Carroll Shores PL
Suite, Apt. #, Etc.
City Tampa
State FL Zip Code 33612

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

REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

813 532 5800

Daytime Phone #

CR2000 (8/99)