

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
99 OCT 26 AM 11:57

DOCUMENT # P98000059303

1. Corporation Name

TELENET TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

8181 NW 36TH STREET, STE. 2
MIAMI FL 33166

8181 NW 36TH STREET, STE. 2
MIAMI FL 33166

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. STE 28
8181 NW 36TH STREET, STE 28
City & State MIAMI FL

Suite, Apt. #, etc. STE 28
8181 NW 36TH STREET, STE 28
City & State MIAMI, FL

Zip 33166

Country USA

Zip 33166

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1998

5. FEI Number

65-0893527

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
P	PIETERS, HERMAN	8181 NW 36TH STREET, STE 28	MIAMI, FL 33166
T/S	PRINCZ, DANIEL	8181 NW 36TH STREET, STE 28	MIAMI, FL 33166
			700003035917--1 -11/05/99--01014--010 ****700.00 ****700.00
			700003035917--1 -11/05/99--01014--011 ****58.75 ****58.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIETERS, HERMAN
8181 NW 36TH STREET, STE. 2
MIAMI FL 33166

Name PRINCZ, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
12510 SW 72 TERRACE
Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33183

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 10/20/99

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

305-275-8782

Daytime Phone #