

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -4 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000082749**

**1. Corporation Name**

Communiweb Communications, Inc.

**2. Principal Office Address**

1115 Tropical Ave.

Suite, Apt. #, etc.

**City & State**

Chuluota

**Zip**

FL

**Country**

USA

**3. Mailing Office Address**

1115 Tropical Ave.

Suite, Apt. #, etc.

**City & State**

Chuluota

**Zip**

32766

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/24/1998

**5. FEI Number**

59-3534555

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

J Michel Metz, Ph.D

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

1115 Tropical Ave.

**Suite, Apt. #, Etc.**

**City**

Chuluota

**State**

FL

**Zip Code**

32766

**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

REGISTERED AGENT MUST SIGN

Date **2/24/03**

**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
CEO	J Michel Metz, Ph.D	1115 Tropical Ave.	Chuluota, FL 32766

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

407.971.9089

Daytime Phone #

CR2001 (10/02)

283/6



Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

February 25, 2003

Re: Communiweb Communications, Inc. Reinstatement form  
Dear Sir or Madam:

In accordance with instructions received during my conversation with your office today, I am submitting the Corporation Reinstatement form. I have also been instructed to request a waiver of the penalty for reinstatement (in addition to the UBR fees) given that I did not receive any documentation from the State of Florida regarding the dissolution of the company.

If there are any questions or comments, please contact me at 407.971.9089 or via email at [jmetz@communiweb.net](mailto:jmetz@communiweb.net).

Sincerely,

A handwritten signature in cursive script that reads "J. Michel Metz".

J. Michel Metz, Ph.D.  
President/CEO