

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091151

1. Corporation Name

GROUP ONE NETWORKS, INC.

2. Principal Office Address

50 S Belcher Road.

Suite, Apt. #, etc.

#107

City & State

Clearwater, FL

Zip

33765

Country
USA

3. Mailing Office Address

50 S Belcher Road.

Suite, Apt. #, etc.

#107

City & State

Clearwater, FL

Zip

33765

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3538575

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

James L. Nicholson

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

50 S Belcher Road

Suite, Apt. #, Etc.

#107

City

Clearwater

State
FL

Zip Code
33765

500008315245--9
-10/10/02--01097-003
*****750.00 *****750.00

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

James L. Nicholson

REGISTERED AGENT MUST SIGN

Date 10-8-02

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
PD	James L. Nicholson	50 S Belcher Road #107	Clearwater, FL 33765

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

10-8-02

Date

727 483-5600

Daytime Phone #

CR2087 (9/01)