

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 NOV -1 PM 2:50

DOCUMENT # P98000093913

1. Corporation Name  
SURFNET, INC.

Principal Place of Business Mailing Address  
1616 W. CAPE CORAL PARKWAY 1616 W. CAPE CORAL PARKWAY  
SUITE #187 SUITE #187  
CAPE CORAL FL 33914 CAPE CORAL FL 33914



REINSTATEMENT 99

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. SUITE #177		Suite, Apt. #, etc. SUITE #177		11/03/1998	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 A fee of \$875 is 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
PRESIDENT	SERGIO PALOMARES	FT MYERS, FL 33919	FT MYERS, FL 33919
TREASURER	YOLANDA PALOMARES	5820 ALLIER AV	CAPE CORAL, FL 33904
		708 SE 47 ST #2	

800003038728--R  
-11/09/99--01004--002  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALOMARES, B. SERGIO  
1616 W. CAPE CORAL PARKWAY  
SUITE #187  
CAPE CORAL FL 33914

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 10-01-99

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

Date 10-01-99

AD

CR2040 (8/99)