

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 APR 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000000399

1. Corporation Name

Colocated.Net, Inc.

2. Principal Office Address

123 NW 13th Street,

Suite, Apt. #, etc.

Suite 214-12

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Office Address

123 NW 13th Street

Suite, Apt. #, etc.

Suite 214-12

City & State

Boca Raton, Florida

Zip

33432

Country

USA

100015762471

04/11/03--01071--011 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida Jan 4, 1999

5. FEI Number

65-0893889

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

Andrew Massias

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

123 NW 13th Street

Suite, Apt. #, Etc.

Suite 214-12

City

Boca Raton

State

FL

Zip Code

33432

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

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
D	Andrew Massias	123 NW 13th Street, Ste 214-12	Boca Raton, FL 33432

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

ANDREW MASSIAS / DIRECTOR

4/8/03

Date

561-392-9422

Daytime Phone #

CR2E081 (10/02)



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123 nw 13th st. suite 214-12 • boca raton, fl 33432 • phone: 561.392.9422 • fax: 561.852.8756 • internet: www.airface.com

9 April 2003

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

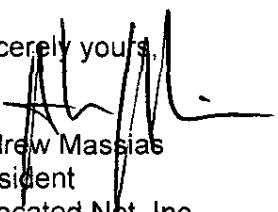
Dear Sir/ Madam,

Corporation Reinstatement – Colocated.Net, Inc – Doc# P99000000399

Our records indicate that we did not receive the Uniform Business Reports for the period 2002 & 2003. We contacted the Reinstatement Department of your office and were advised to send the attached completed reinstatement form along with our check for \$300 to effect the immediate reinstatement of the company, Colocated.Net, Inc.

We look forward to your prompt attention in this matter.

Sincerely yours,


Andrew Massias
President
Colocated.Net, Inc.