

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

00 NOV -6 PM 3:16

DOCUMENT # P99000010678

1. Corporation Name

SIMPLE & EASY INTERNET SERVICES, INC.

Principal Place of Business

2006 SOUTH VERNON PLACE  
MELBOURNE FL 32901

Mailing Address

~~2006 SOUTH VERNON PLACE~~  
~~MELBOURNE FL 32901~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

307 E. NEW HAVEN AVE  
SUITE 1  
MELBOURNE, FL  
32901 USA

4. Data Incorporated or Qualified  
To Do Business in Florida

02/01/1999

5. FEI Number

593565361

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVST	BAKOLIA, PETER	408 EAST ROXY AVENUE	MELBOURNE FL 32901
D	BAKOLIA, PETER	408 EAST ROXY AVENUE	MELBOURNE FL 32901
			000003480390-8 -11/30/00--01014--019 ****750.00 ****750.00
			000003480390-8 -11/30/00--01014--019 ****750.00 ****750.00
			000003480390-8 -11/30/00--01014--019 ****750.00 ****750.00
			000003480390-8 -11/30/00--01014--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BAKOLIA, PETER  
2006 SOUTH VERNON PLACE  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

101200

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101200 321 7237013

Date

Daytime Phone #