

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 PM 3:09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000010678

1. Corporation Name

SIMPLE & EASY INTERNET SERVICES, INC.

2. Principal Office Address

517 BAHAMA DR

Suite, Apt. #, etc.

City & State

INDIAN HBR BEACH, FL

Zip

32937

Country

US

3. Mailing Office Address

517 BAHAMA DR

Suite, Apt. #, etc.

City & State

INDIAN HBR BEACH, FL

Zip

32937

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/1999

5. FEI Number

593565361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER BAKOLEA

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

517 BAHAMA DRIVE

Suite, Apt. #, Etc.

City

INDIAN HBR BEACH, FL

State

FL

Zip Code

32937

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-16-01

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
PVST	PETER BAKOLEA	517 BAHAMA DRIVE X	INDIAN HBR BEACH, FL 32937
D	PETER BAKOLEA	517 BAHAMA DRIVE	INDIAN HBR BEACH, FL 32937

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:

PETER BAKOLEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-01

Daytime Phone #

321-727-7013

CR2E081 (9/00)