

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 28 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000010678

1. Corporation Name

Simple & Easy Internet Services, Inc.

2. Principal Office Address

712 East New Haven Avenue-

3. Mailing Office Address

P.O. Box 880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

City & State

Melbourne, Florida

Zip

32901

Country

U.S.A.

Zip

32902

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

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 Bakolia

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

517 Bahama Drive

Suite, Apt. #, Etc.

City

Indian Harbour Beach

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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/23/03

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 Bakolia	517 Bahama Drive	Indian Harbour Beach, Florida 32937
D	Peter Bakolia	517 Bahama Drive	Indian Harbour Beach, Florida 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/03

Daytime Phone #

CR2E081 (10/02)