

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012540

1. Corporation Name  
DeFunak Springs Internat Inc.

300041815713  
10/12/04--01038--001 \*\*450.00

2. Principal Office Address

2960 CONLEY ROAD  
Suite, Apt. #, etc.

3. Mailing Office Address

2960 CONLEY ROAD  
Suite, Apt. #, etc.

City & State

MALABAR FLORIDA

City & State

MALABAR FLORIDA

Zip

32950

Country

BAHAMAS

Zip

32950

Country

BAHAMAS

4. Date Incorporated or Qualified  
To Do Business in Florida

2/9/99

5. FEI Number

593558008

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

John D Harris

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

2960 CONLEY ROAD

Suite, Apt. #, Etc.

City

MALABAR

State

FL

Zip Code

32950

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/30/2004

**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
PRES	John D Harris	2960 CONLEY ROAD	MALABAR FLORIDA 32950

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]* JOHN D HARRIS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/2004 3215446124

Daytime Phone #

CR2E081 (01/04)

242

FILED

**DeFuniak Springs Internet, Inc.**  
**2960 Corey Road**  
**Malabar, FL 32950**

04 OCT -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 30, 2004

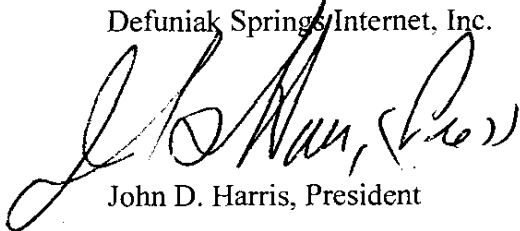
To Whom It May Concern:

Please let this letter serve as notice that we did not receive our annual report form for 2002, 2003 or 2004. Enclosed with this letter please find our executed Reinstatement Form along with a check in the amount of \$450.

Thank you.

Sincerely,

Defuniak Springs Internet, Inc.

A handwritten signature in black ink, appearing to read "John D. Harris, (Pres)", is written over the printed name.

John D. Harris, President