

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 11 PM 1:25

DOCUMENT # P99000019007

1. Corporation Name

WELCOME INTERNET SERVICES, INC.

2. Principal Office Address

1109 OKEECHOBEE RD

Suite, Apt. #, etc.

SUITE 11

City & State

WEST PALM BEACH, FL

Zip

33401

Country

3. Mailing Office Address

1109 OKEECHOBEE ROAD

Suite, Apt. #, etc.

SUITE 11

City & State

WEST PALM BEACH, FL

Zip

33401

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

3-1-99

5. FEI Number

65-0896575

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

BRIAN BETRON

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

1109 OKEECHOBEE ROAD

Suite, Apt. #, Etc.

SUITE 11

City

WEST PALM BEACH

500004014925-9

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*****900.00 *****900.00

State

FL

Zip Code

33401

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

Brian Betron

Date 4-5-01

REGISTERED AGENT MUST SIGN

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	BRIAN BETRON	1109 OKEECHOBEE ROAD, SUITE 11	WEST PALM BEACH, FL 33401
D	CHUCK POOLE	1109 OKEECHOBEE ROAD, SUITE 11	WEST PALM BEACH, FL 33401

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:

Brian Betron

BRIAN BETRON

4-5-01

SEA 803-5412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #