

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000031536

**1. Corporation Name**

D' NETW@Y, INC.

**2. Principal Office Address**

2876 SHAWNEE ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

**3. Mailing Office Address**

1400-A 10th STREET

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/02/99

**5. FEI Number**

65-0915715

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

IVA P. WUMMER

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

2876 SHAWNEE ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State  
FL

Zip Code

33406

**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

Date

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
PRES.	IVA P. WUMMER	2876 SHAWNEE ROAD	W. PALM BEACH 33406

**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)(a), 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:

*Iva P. Wummer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2002

Date

561/301-8399

Daytime Phone #

*js 8/15/02*

**D' NETW@Y, INC.**

1400-A 10<sup>th</sup> STREET  
LAKE PARK, FL 33403

561/ 301-8399

August 15, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

My company, D'Netw@ay, Inc. was dissolved September 21, 2001. I want to reinstate it. My previous address was 4062 Leo Lane, Palm Beach Gardens, FL 33416. After I moved I never received any UBR's to maintain my company active. Through this time I fell ill and was unable to follow up with the status of the company.

I am including \$300.00. \$150.00 for each of the past two years that is owed. I would very much appreciate it if you would be so kind as to reinstate my company. Thank you very much for your attention to this matter.

If I may be of further help please don't hesitate to contact me.

Sincerely,

*Iva P. Wummer*

Iva P. Wummer  
President

11/15/02  
11/15/02