

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000032897

1. Corporation Name

S2 Net, Inc.

2. Principal Office Address

4500 N. Hiatus Road

Suite, Apt. #, etc.

204

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Office Address

4500 N. Hiatus Road

Suite, Apt. #, etc.

204

City & State

Sunrise, FL

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/6/99

5. FEI Number

65-0907917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

SEAN Josiah

300003618343-9

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

4500 N. Hiatus Road

02/01/01 01010 002

***300.00 ***300.00

Suite, Apt. #, Etc.

204

City

Sunrise

State

FL

Zip Code

33351

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

1/17/01

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
P	SEAN Josiah	4500 N. Hiatus Road #204	Sunrise, FL 33351
VP	Shayne Etienne	4500 N. Hiatus Road #204	Sunrise, FL 33351

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

1/17/01

Daytime Phone #

954-747-8711

CR2E081 (9/00)

2 of 2

S2 Net, Inc.
4500 North Hiatus Road, Suite 204
Sunrise, Florida 33351
(954) 747-8711

January 17, 2001

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

RE: Reinstatement

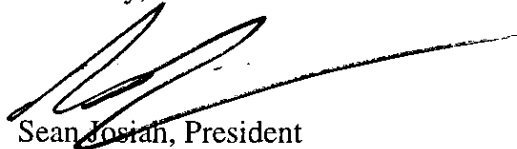
Sirs:

In accordance with our discussion, our company moved in January, 2000 and notified your department of our new address. We never received our 2000 or 2001 annual report.

Please accept the enclosed Corporation Reinstatement along with our check in the amount of \$300 for our 2000 and 2001 Annual Report.

Thank you in advance for your anticipated courtesy.

Sincerely,



Sean Josiah, President