

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf 2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000032897

1. Corporation Name

S2 NET, INC.

Principal Place of Business

4500 N. HIATUS ROAD. #204  
SUNRISE FL 33351

Mailing Address

4500 N. HIATUS ROAD. #204  
SUNRISE FL 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/1999

5. FEI Number

65-0907917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

JOSIAH, SEAN

4500 N. HIATUS ROAD, #204

SUNRISE FL 33351

V

ETTIENNE, SHAYNE

4500 N. HIATUS ROAD, #204

SUNRISE FL 33351

8. Name and Address of Current Registered Agent

JOSIAH, SEAN

4500 N. HIATUS ROAD, #204  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-02

CP2E040 (8/02)

2 of 2

**S2NET Inc.**

1816 SW 181 Way

**Pembroke Pines, Florida 33029**

**954-309-8506**

After our insurance agent did a name search with your department, we did not receive an Annual Report form even though the Company moved and notified the Department of State of its new address. The Company learned of its current status only after our insurance agent did a name search with your department.

November 5, 2002

Department of State

Division of Corporations

Annual Report / Reinstatement Section

P.O. Box 6327

Tallahassee, Florida 32314-6327

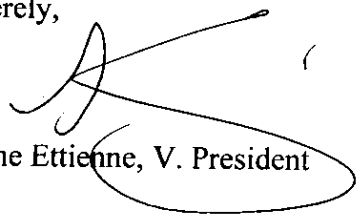
Dear Sirs:

In accordance with my conversation with your Department's representative, S2NET Inc. did not receive an Annual Report form even though the Company moved and notified the Department of State of its new address. The Company learned of its current status only after our insurance agent did a name search with your department.

Enclosed please find a check in the amount of \$150.

Thank you in advance for your anticipated courtesy and cooperation regarding the foregoing.

Sincerely,



Shayne Ettienne, V. President