PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

01 FEB 27 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000057230

1. Corporation Name

ONE NET PLACE, INC.

Principal Place of Business	Mailing Address
~~1299 EAST COMMERCIAL BLVD.~~ ~~FORT LAUDERDALE FL 33334~~	~~1299 EAST COMMERCIAL BLVD.~~ ~~FORT LAUDERDALE FL 33334~~

00-01

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
2000 West Commercial Blvd. Suite, Apt. #, etc. Suite # 133	2000 West Commercial Blvd. Suite, Apt. #, etc. Suite # 133	06/23/1999
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	5. FEI Number 65-0934342
Zip 33309	Country U.S.A.	Zip 33309	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status	Applied For / Not Applicable

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~	~~JOHNSON, KEVIN~~	~~1299 EAST COMMERCIAL BLVD.~~	~~FORT LAUDERDALE FL 33334~~
P	Kevin D. Johnson	2000 West Commercial Blvd. Suite # 133	Fort Lauderdale, FL 33309
			5000038035 35---3 -03/07/01--01004--014 ****908.75 ****908.75
		REINSTATEMENT 2000-01	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MORGAN, RICHARD~~ ~~200 SOUTH BISCAYNE BLVD., 20TH FLOOR~~ ~~MIAMI, FL 33131-2310~~	Name Kevin D. Johnson Street Address (P.O. Box Number is Not Acceptable) 2000 West Commercial Blvd. Suite, Apt. #, Etc. Suite # 133 City Fort Lauderdale State FL Zip Code 33309

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.

Signature of Registered Agent _SIGNATURE REQUIRED_   Date 2/7/01

REGISTERED AGENT MUST SIGN

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 2/7/01   Daytime Phone # 954.938.2092

CR2E040 (8/00)