

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 16 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000104319					
1. Corporation Name SURNET, INC.					
Principal Place of Business C/O MAGDA MONTIEL DAVIS 2650 S.W. 27 AVENUE SUITE 304 MIAMI FL 33133		Mailing Address C/O MAGDA MONTIEL DAVIS 2650 S.W. 27 AVENUE SUITE 304 MIAMI FL 33133		If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable 4000 COLLINS AVENUE Suite, Apt. #, etc. -406- City & State MIAMI BEACH Zip 33140 Country U.S.A.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12/02/1999 5. FEI Number 650970212 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	DEL CARMEN DIAZ, MARIA	C/O MAGDA MONTIEL DAVIS	MIAMI FL 33133		
				600003496826--7 -12/12/00--01039--017 ****150.00 ****150.00	
8. Name and Address of Current Registered Agent DEL CARMEN DIAZ, MARIA C/O MAGDA MONTIEL DAVIS 2650 S.W. 27 AVENUE SUITE 304 MIAMI FL 33133			9. Name and Address of New Registered Agent Name MARIA INES BARRAGUE Street Address (P.O. Box Number is Not Acceptable) 4000 COLLINS AVENUE #406 Suite, Apt. #, Etc. City MIAMI BEACH State FL Zip Code 33140		
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 SIGN [Signature] MARIA INES BARRAGUE Date 10-26-00 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] SIGNATURE REQUIRED (MARIA DEL CARMEN DIAZ) Date 10-26-00 305-386-5838 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIAZ Daytime Phone #					

CR2E040 (8/00)

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October 26, 2000

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

RE: DOCUMENT NUMBER: P99000104319
SURNET, INC.

Dear Sir/Madam:

As you are aware, my Florida corporation has been closed due to the fact that your offices did not receive the annual activation processing fee and application in a timely manner.

Please be advised that I did not receive the annual corporation application. Enclosed please find the reinstatement application and a check for payment in the amount of \$150.00. I hereby ask that you accept my apologies and reinstate my corporation.

Should you have additional questions, please contact me.

Your attention and cooperation to this matter is greatly appreciated.

Sincerely,


Maria Del Carmen Diaz