

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OF
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 4:09

DOCUMENT # P99000111727

1. Corporation Name

ONE-NET ACCESS CORP.

Principal Place of Business

Mailing Address

1160 N.W. 159TH DRIVE
MIAMI FL 33169

1160 N.W. 159TH DRIVE
MIAMI FL 33169



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

12/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JOEL ESQUENAZI	1160 NW 159TH DR	MIAMI FLA 33169
VP	ROBERTSON, EDWARD	1160 NW 159TH DR	MIAMI, FLA 33169

3000003465073-6
-11/15/00--01108--020
****150.00 ****150.00

BR 11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DICKEY, JAMES
1160 N.W. 159TH DRIVE
MIAMI FL 33169

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

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

10/12/2000

Date

Daytime Phone #

CR2E040 (8/00)

2

LAW OFFICES
JAMES R. C. DICKEY
1160 NW 159TH DRIVE
MIAMI, FLORIDA 33169

TELEPHONE (305) 577-9700
TELECOPIER (305) 577-9774

October 13, 2000

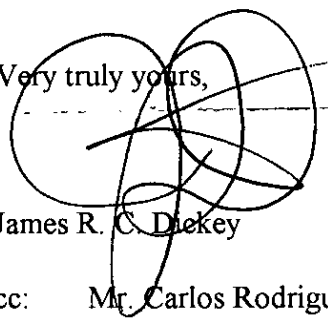
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: One-Net Access Corp.

Ladies/Gentlemen:

I enclose a copy of a Request for Reinstatement of the captioned corporation together with our check for \$150.00. We request that you waive late fees and penalties with respect to this corporation because we never received an Annual Report form from your office.

Very truly yours,



James R. C. Dickey

cc: Mr. Carlos Rodriguez, Vice President