

F 95000004596

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

000001581760  
-09/22/95--01075--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Network Software Communications, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FILED  
95 SEP 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ken Gavranovic  
(Name of Person)

Network Software Communications, Inc.  
(Firm/Company)

1530 NE 50th Ct. Suite 4E  
(Address)

Ft. Lauderdale, FL 33334  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Ken Gavranovic at (305) 351-5063  
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Network Software communication Incorporated  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware  
(State or country under the law of which it is incorporated)

3. ~~NA~~ 11-328-1371  
(FEI number, if applicable)

4. August 28, 1995  
~~September 12, 1995~~  
(Date of Incorporation)

5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. NOON QUALIFICATION  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 2810 East Oakland Park Blvd. Suite 104  
Ft. Lauderdale, FL 33306  
(Current mailing address)

8. Software Development  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Ken Guranovic

Office Address: 1530 N.E. 50th Ct. Suite 4E  
Ft. Lauderdale, Florida, 33334  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
95 SEP 21 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Waldemar Fernandez

Address: 69 Veterans Memorial Highway

Vice Chairman: Commack, NY 11725

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Waldemar Fernandez

Address: 69 Veterans Memorial Highway

Commack, NY 11725

Vice President: Ken Gavranovic

Address: 1530 NE 50th Apt 4E

Pt. Landerdale, FL 33334

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

95 SEP 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ken Gavranovic, VP  
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

---

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETWORK SOFTWARE COMMUNICATIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 1995.

FILED  
95 SEP 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

2537216 8300

950206353

AUTHENTICATION: 7636641

DATE: 09-12-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 SEP 23 PH 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000004596**  
1. Corporation Name  
**NETWORK SOFTWARE COMMUNICATION INC.**



*9/10/96*

Principal Place of Business Mailing Address  
2810 E. OAKLAND PARK BLVD., #104 FT. LAUDERDALE FL 33308  
2810 E. OAKLAND PARK BLVD., #104 FT. LAUDERDALE FL 33308

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1985	
City & State		City & State		5. FEI Number	
Zip		Country		11-3281371	
				<input checked="" type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<p>\$675 Additional Fee required for a certificate of status</p>					

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	FERNANDEZ, WALDEN A	69 VETERANS MEMORIAL HWY.	COMMACK NY 11725
V	GARRANOVIC, KEN	1530 NE 50TH APT., 4E	FT. LAUDERDALE FL 33334
			900001970089
			10/10/96--01014--020
			***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GARRANOVIC, KEN 1530 NE 50TH CT., #4E FT. LAUDERDALE FL 33334		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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]* Date: 9-17-96

REGIS. ERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]* 9-17-96 954565-3450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)