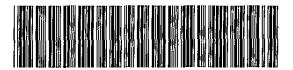
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Tallahassee, FL. 32399

TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Proactive Net	Inc
(Name of corpora	ation)
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee are sub	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Raj Krist (Name of	nnan Person)
Proactive (Firm/Co	Wet, Incompany)
2055 Laurelu (Add	ress) Road, Suite 130
Santa Clara, (City/State as	CA 95054 ad Zip code)
For further information concerning this matter, please	call:
Cassandra Ho at (1) (Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327
409 E. Gaines St.	F.O. DOX 034/

Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

troactive Vet Inc Programme
(Name of Corporation)
(Document Number of Corporation (if known)
(Document Number of Corporation (II known)
(Incorporated Under Laws of)
(incorporated Order Laws 01)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and
appoints the Department of State as its agent for service of process based on a cause of action arising during the
time it was authorized to transact business or conduct affairs in Florida.
time it was authorized to transact business of conduct affairs in Florida.
The following is a current mailing address for the corporation:
2055 Laurelwood Road Suite 130
2055 Laurelwood Koad Suite 130
(waiting Address)
Santa Clara CH 95054
(City/ State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
6/16/04
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
<u>_</u>
Pri Krishnan
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35