PLEASE READ ALL	NSTRUCTIONS BEFORE COMPLETING THIS FORM.
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٠	PLICATION FOR STATEMEN			CEPARTME Catherine La Scretar of Scretary VISION OF COMPO	B C		FILED		1012
DOCUMENT # M17566 1. Corporation Name					OI OCT 29 PM 1:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
THE NANNY NETWORK, INC.									
Principal Place of Business Mailing Addre				ess		1			
20145 N.E. 25TH AVE. 20145 N			% MICHAEL F 20145 N.E. 25 MIAMI FL 331	TH AVE.					
				ing Office Address, i		Date Incorporated or Qualified To Do Business in Florida 07/02/1985			
		City & State	ite, Apt. #, etc.		5. FEI Number Applied For S9-2566953 Not Applied by				
City & State City & State			Coun	try			88.75 Additional F	Applicable ee required	
				orida nonprofit como	rations must list at le	1	OF STATOS DESIRED LL	for a Certificate	or Status
Title(s)	lames and Street Addresses of Each Officer and/or Director (Flore(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		h	City / State / Zip		
PST	ST FERTIG, RONI K.			20145 N.E. 25 AVE.			N. MIAMI BEACH FL		
					16,423	 0	0000465 -11/21/01 ****150.1	<u>01016</u> L	0.00 0.00
									
•	8. Name and	Address of Current	Registered Ag	ent		9. Name and	Address of New Register	ed A nt	
MICHAEL FERTIG 1 SE 3RD AVE 28TH FLOOR MIAMI FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
10. I, being	g appointed the regis	tered agent of the ab	ove named corp	oration, am familiar	-City with and accept the c	obligations of Sect	F	zate Zip Code	
Signature o	of		7				Date 10/2	5/01	

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 filling 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:

KON K FERTS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-25-01

305 932-5335



2062

October 25, 2001

To whom it may concern,

I just received a notice of administration or revocation and am very concerned. I have been the only owner of The Nanny Network since 1985 and have never had a problem. My FEI Number is 59-2566953.

I never received the business report that I needed to complete prior to now. I am completing the form and sending it with the \$150. Fee. I apologize for not realizing that I didn't receive the business report. I have completed it each year in a timely manner. Please accept my application and fee and would be most appreciative if you would waive the penalty as this would present a hardship for me..

Thank you in advance.

Roni K. Fertig

Sincerely,

President, The Nanny Network