

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024021

1. Corporation Name
Network Strategies, Inc.

2. Principal Office Address 125 La Valencia Circle		3. Mailing Office Address P. O. BOX 7518	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32413	Country	Zip 32413	Country

4. Date Incorporated or Qualified To Do Business in Florida 02-29-00

5. FEI Number 62-1820061

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michael R. Wagner

Street Address (P.O. Box Number is Not Acceptable) 125 La Valencia Circle

Suite, Apt. #, Etc. 600008756296

City Panama City Beach

State FL Zip Code 32413

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Michael R. Wagner REGISTERED AGENT MUST SIGN

Date 10-30-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Michael R. Wagner	125 La Valencia Circle	Panama City Bch, FL 32413
E.V.P.	Lynne P. Wagner	125 La Valencia Circle	Panama City Bch, FL 32413

10. 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: Michael R. Wagner, President Date 10-30-02 Daytime Phone # 850-249-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)