

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 12 AM 11:57

DOCUMENT # P0000024021

1. Corporation Name
NETWORK STRATEGIES, INC.

2. Principal Office Address
219 LA VALENCIA CIRCLE
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 7518
Suite, Apt. #, etc.

REINSTATEMENT 03-05

City & State
PANAMA CITY BEACH
Zip Country
32413 US

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Zip Country
32413 US

4. Date Incorporated or Qualified
To Do Business in Florida 03-08-2000

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)
219 LA VALENCIA CIRCLE
Suite, Apt. #, Etc.
City
PANAMA CITY BEACH

State Zip Code
FL 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 1-11-05

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	219 LA VALENCIA CIRCLE	PANAMA CITY BEACH, FL 32413
"EX.V.P."	LYNNE P. WAGNER	219 LA VALENCIA CIRCLE	PANAMA CITY BEACH, FL 32413

300044675663
01/13/05--01013--016 ***458.75

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05
Date

950-258-0700
Daytime Phone #

CR2E081 (01/05)

2 of 2

Network Strategies, Inc.

Post Office Box 7518

Panama City Beach, Florida 32413

Strategic Business Services
850-249-5522 fax 850-249-5585

January 11, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 12 AM 11:57

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Mr. Gary Blankenbaker

Re: Corporate reinstatement

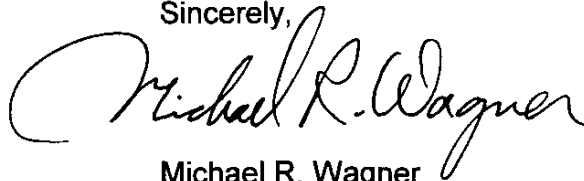
Dear Sir:

Please reinstate this corporation. Prior UBR notices were not received.

Please advise by telephone at 850-258-0700 upon receipt of this letter.

Thank you for your kind assistance and consideration in this matter.

Sincerely,



Michael R. Wagner
President, Registered Agent
Network Strategies, Inc.
FEIN 62-1820061

Enclosures: Reinstatement application
Check in the amount of \$458.75