

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P94000053566
1. Corporation Name

NETWORK SERVICE CENTER INC.

Principal Place of Business Mailing Address

3550 BISCAYNE BLVD. #705 MIAMI, FL. 33137
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State M E		City & State M E	
Zip	Country E	Zip	Country E

FILED
97 FEB 14 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 96+97
MWB
4. Date Incorporated or Qualified To Do Business in Florida 7/20/94
5. FEI Number 65-0506211 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	HENRY COTE	3550 BISCAYNE BLVD #705 MIAMI FL 33137	MIAMI FL 33137
VP.	KENNETH GROSSFELD	3550 BISCAYNE BLVD #705 MIAMI FL 33137	MIAMI FL 33137
DIR.	HENRY COTE		

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***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name HENRY COTE
Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD
Suite, Apt. #, Etc. #705
City MIAMI State FL Zip Code 33137

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] REGISTERED AGENT MUST SIGN Date 2/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/14/97 305-576-1038 Daytime Phone #

CR2E040 (12/96)