PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 PM 2:39

mtn 10/30

DOCUMENT # **P94000068695**

1. Corporation Name

NET CONNECT, INC.

Principal Place of Business	Mailing Address
2175 KINGSLEY AVENUE STE. 208 ORANGE PARK FL 32073 US	2175 KINGSLEY AVENUE STE. 208 ORANGE PARK FL 32073 US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/1994

5. FEI Number: 59-3267774 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP (T)	FREVE, ROBERT	~~6347 COLLINS RD~~ 2193 Glencoe Orange Park, FL 32073	JACKSONVILLE FL 32244
DVS	ZEMBER, FRANK	~~2054 KITTY CT~~ 774 Ashwood St. Orange Park, FL 32073	JACKSONVILLE FL 32216
D	Zawis, Chris	6759 Perriwinkle Dr. Jacksonville, FL 32244	
			900002336889---B -11/03/97--01159--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
J. HOWARD SHEFFIELD, P.A. 4209 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32217	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/97)

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: J. HOWARD SHEFFIELD REGISTERED AGENT MUST SIGN Date: 10-28-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

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: _____ 10/28/97 (904)272-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #