

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 JAN 22 AM 11:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000091440**

1. Corporation Name  
**NET CONCEPTS, INC.**

Principal Place of Business 1312 THOMASVILLE CIRCLE LAKELAND FL 33811	Mailing Address 1312 THOMASVILLE CIRCLE LAKELAND FL 33811
---	---



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

2. New Principal Office Address, If Applicable <del>4798 S. Florida Ave, suite 335</del> 479B S. Florida Ave, suite 335 Lakeland, Florida 33803 US	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 4798 S. Florida Ave, suite 335 Lakeland, Florida 33803 US
--	--

4. Date Incorporated or Qualified To Do Business in Florida 11/06/1996	5. FEI Number 59-3409056	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
⊖ P	BELFATTO, MYKL	1312 THOMASVILLE CIRCLE 535 Stockton Str, suite 82	LAKELAND FL 33811 San Francisco, CA 94108
⊖ V	JOVANOVIC, BORKO	1312 THOMASVILLE CIRCLE 3520 Cleveland Hts Blvd, Apt # 215	LAKELAND FL 33811 Lakeland, FL 33803
			700002415217--0 -01/28/98--01105--010 ***900.00 ***900.00
			<b>REINSTATEMENT 97-98</b>
			<i>G. Alan</i> Jan. 22, 1998

8. Name and Address of Current Registered Agent

**BELFATTO, MYKL**  
 1312 THOMASVILLE CIRCLE  
 LAKELAND FL 33811

9. Name and Address of New Registered Agent

Name  
**JOVANOVIC, BORKO**  
 Street Address (P.O. Box Number is Not Acceptable)  
 3520 Cleveland Hts Blvd  
 Suite, Apt. #, Etc.  
 Apt # 215  
 City  
 Lakeland  
 State  
 FL  
 Zip Code  
 33803

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: *Borko Jovanovic* REGISTERED AGENT MUST SIGN Date: **Jan 20, 1998**

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: *Borko Jovanovic* Borko Jovanovic Date: **Jan 20, 1998** (941) 619-7153  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)