

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 NOV 14 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]

DOCUMENT # P97000024727

1. Corporation Name
NETCOMPONENTS, INC.

Principal Place of Business Mailing Address
100 EAST LINTON BLVD. #304B 100 EAST LINTON BLVD. #304B
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483



REINSTATEMENT 2000

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida 03/14/1997
5. FEI Number 65-0749540 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RUDNICK, ALAN	100 EAST LINTON BLVD. #304B	DELRAY BEACH FL 33483

700003463647--5

8. Name and Address of Current Registered Agent
ROTHMAN, LEE M ESQ
2295 CORPORATE BOULEVARD N.W.
SUITE 134
BOCA RATON FL 33431

9. Name and Address of New Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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 *Deborah D. Skipper* as its agent Date 11-14-00
REGISTERED AGENT MUST SIGN

11. 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/00)



282

ACCOUNT NO. : 072100000032

REFERENCE : 897685 4303929

AUTHORIZATION :

COST LIMIT : \$ 750.00

Handwritten signature

ORDER DATE : November 14, 2000

ORDER TIME : 10:19 AM

ORDER NO. : 897685-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Yolanda Rodriguez
Greenberg Traurig, P.a.
1221 Brickell Avenue

Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: NETCOMPONENTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 NOV 14 AM 11:23
NOT RELAYED
TO AGENCY OF FILING
SUFFICIENCY