PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000066787

1. Corporation Name

## NETCOM ONE CORP.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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Principal P	lace of Busine	ess	Mailing Addr	ess	38		]			
SUITE 406 , SUITE 406				NST STREET						
Aventura Fl (20180 Aventura) Fl				L 33180	•		200 B 60 T	PATEMENT	7/7/1/5	
16 - 1	4	income at in any way fine th	easab incorrant is	oformation a	ad enter c	orrection below	REINIS I	WIEMEN	<u> </u>	
		Address, If Applicable			formation and enter correction below.		Date Incorporated or Qualified			
					To Do Business in Florida 07/30/1998					
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stat	e		City & State	City & State			650990 4 <b>2</b> 0 Not Applicable			
70.			72:	Zip Country			6. \$8.75 Additional Fee required			
Zip Country		Zip Soundy ,			•	CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer and	t/or Director (Flo	rida nonprof	it corporat	tions must list at lea	est 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address Officer and/or I			1	City / State / Zip		
D	STONE, DAVID			2999 NE 191ST STREET			AVENTURA FL 33180			
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				•			•	A &		
8. Name and Address of Current Registered Age					nt		9. Name and Address of New Registered Agent			
					_	Name		``		
SILVERSTEIN, BARRY D					Street Address (			P.O. Box Number is Not Acceptable)		
	TREET	011051714515957								
SUITE		Suite, Apt. #, Etc			-					
AVENTURA FL 33180						City State Zip Code				
_	<u> </u>	· ~ ·						<u> </u>		
10. I, bein	g appointed th	ne registered agent of the at	T 1\ \		familiar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S.	1	
Signature	of C	TSIGNA			-8eQuired			Date 10127	1 ES	
Registered	Agent		EGISTERED AC							
<del></del>			J						earlife, that when filing	
thic roi	netotoment ar	unlication, the reason for dis-	solution has been	n eliminated.	the corpo	rate name satisfies	the requirements	apter 607 or 617, F.S. I further of 617,040 or 617,040	U1, F.S., that all fees	
owed t	by the corpora	tion have been paid and the true and accurate, and my	names of indivi	duals listed c	on this for	m do not qualify for	an exemption un	der section 119.07(3)(i), F.S. Ti	ne information indicated	
On this	application is	and accorate, and my	organiculo orienta	are the same	, .vgur on		·· +-***			
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