

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR 31 PM 1:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000066787

1. Corporation Name

NETCOM ONE CORP.

Principal Place of Business

Mailing Address

2999 NE 191ST STREET SUITE 406 AVENTURA FL 33180

2999 NE 191ST STREET SUITE 406 AVENTURA FL 33180



REINSTATEMENT 09-180

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

2. New Principal Office Address, If Applicable; 3. New Mailing Office Address, If Applicable; 4. Date Incorporated or Qualified To Do Business in Florida (07/30/1998); 5. FEI Number (650990420); 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for DAVID STONE at 2999 NE 191ST STREET, AVENTURA FL 33180.

800003213538--8 -04/18/00--0115--002 *****900.00 *****900.00

8. Name and Address of Current Registered Agent (SILVERSTEIN, BARRY D); 9. Name and Address of New Registered Agent

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 and Date (10/27/99)

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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR and Date (10/27/99)

CR2ED40 (6/99)