

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 31 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081452

1. Corporation Name

NETCO INTERNATIONAL, INC.

2. Principal Office Address

5499 N. Federal Highway

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite K

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/17/98

5. FEI Number

65-0862968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

PAUL S. LABINER

000025897780

Street Address (P.O. Box Number is Not Acceptable)

5499 N. Federal Highway

12/31/03--01056--002 **750.15

Suite, Apt. #, Etc.

Suite K

City

Boca Raton

State
FL

Zip Code
33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Paul Labiner

REGISTERED AGENT MUST SIGN

Date

December 29, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	PAUL S. LABINER	5499 N. Federal Highway, Suite K	Boca Raton, FL 33487

10. 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:

Paul Labiner

PAUL S. LABINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03

Date

561-998-2362

Daytime Phone #

CR2001 (10/02)

TR