

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039274

1. Corporation Name

V-NETWORKER TECHNOLOGIES INC.

Principal Place of Business

421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460  
US

Mailing Address

421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460  
US



300009612403

12/20/02--01023--004 \*\*150.00

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

2. New Principal Office Address, If Applicable

1701 N. FEDERAL HWY

3. New Mailing Office Address, If Applicable

1701 N. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

Zip 33460

Country USA

Zip 33460

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2001

5. FEI Number

65-1092827

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VOLKER, DAN L IV	1701 N. FEDERAL HIGHWAY	LAKE WORTH FL 33460
T	ZITO, ANTHONY J	1701 N. FEDERAL HIGHWAY	LAKE WORTH FL 33460

8. Name and Address of Current Registered Agent

VOLKER, DANIEL L  
421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

Anthony J. Zito

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

1701 N. FEDERAL HWY

Suite, Apt. #, Etc.

City

LAKEWORTH

State

FL

Zip Code

33460

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/30/02

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:

SIGNATURE REQUIRED  
Anthony J. Zito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/02

Date

561-582-8788

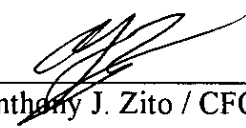
Daytime Phone #

CR2E040 (8/02)

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Fl. 32314-6327

November 8, 2002

This is to certify that I did not receive the two prior uniform business report ( UBR ) notices which your office has indicated in the enclosed Application for Reinstatement. Please send any and all correspondences to our business office at 1701 North Federal Hwy Lakeworth FL. 33460. Enclosed is our UBR filing fee of \$150.00. Thank you for your patience and understanding.



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Anthony J. Zito / CFO