

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 -2 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001813

1. Corporation Name

NETFORENSICS.COM, INC.

Principal Place of Business

200 METROPLEX DR., 3RD FL
EDISON NJ 08817

Mailing Address

200 METROPLEX DR., 3RD FL
EDISON NJ 08817

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

04/04/2001

5. FEI Number

22-3687038

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
CEO	VED, NITEN	10 GALLO WAY	EDISON NJ
P/C	KHANOLKAR, REJEEN	4 CHESTNUT ST	EDISON NJ
T	ROONEY, JOSEPH	480 STONY BROOK DRIVE	BRODEWATER NJ

100009294471
12/02/02--01033--020 **158.75

8. Name and Address of Current Registered Agent

RUBY, JON V
2757 ONIZUKA CT.
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Jon V Ruby
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Jon V Ruby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/02

732-393-6013

netForensics.com, Inc.
200 Metroplex Drive, 3rd floor
Edison, New Jersey 08817
phone: 732.393.6000
fax: 732.393.6090



November 19, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: netForensics Document F01000001813 E.I.N. 22-3687038

Dear Sir,

Regarding the conversion of netForensics (the "Company") from an active to inactive corporation, please note that the Company never received any notices from your office about the filing of the annual report nor of the second notice that the Company's ability to do business in Florida would be revoked if the report was not filed.

As such, enclosed please find our completed re-instatement application along with the filing fee of \$150 and the Certificate of Status fee of \$8.75. (Total check enclosed and made payable to Department of State is \$158.75.)

If there are any questions, please do not hesitate to contact me at 732-393-6013.

Sincerely yours


Joseph M Rooney
Treasurer