

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -7 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-P CR2E098 (11/05)

DOCUMENT # F01000001813 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 22-3687038			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUBY, JON V 2757 ONIZUKA CT. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Dorsey, Debbie Street Address (P.O. Box Number is Not Acceptable) 1348 Eastfield Drive City Clearwater FL Zip Code 33764		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KHANOLKAR, REJEEV 4 CHESTNUT ST EDISON, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081532594 11/07/06--01051--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROONEY, JOSEPH 480 STONY BROOK DRIVE BRIDGEWATER, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 11/2/06 Daytime Phone #		

11/8/06