


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004629		
1. Entity Name NETWOLVES TECHNOLOGIES CORPORATION		

Principal Place of Business 4002 EISENHOWER BLVD. SUITE 101 TAMPA, FL 33634-7511	Mailing Address 4002 EISENHOWER BLVD. SUITE 101 TAMPA, FL 33634-7511
---	---

2. Principal Place of Business 4805 Independence Parkway Suite, Apt. #, etc. STE 101 City & State Tampa, FL Zip 33634	3. Mailing Address 4805 Independence Parkway Suite, Apt. #, etc. STE 101 City & State Tampa, FL Zip 33634
--	--

FILED
05 OCT 20 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name CTS Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Street City Tallahassee FL Zip Code 32301
--	---

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: Shelly Gale DATE: 10-05-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 GROTEKE, WALTER M 1102 S. BAYSHORE BLVD. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTLE, PETER C 5313 ARCHSTONE DR. #204 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTEKE, SR., WALTER R 1213 ALAMEDA AVE. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON 807 BENT CREEK AVE LITITZ, PA 17543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CARLOS 11530 LINKS DRIVE RESTON, VA 201904821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABREMARIAM, FASSIL 4209 WEST P1AH STREET TAMPA, FL 33609 <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 exemption stated in Section 119.07(3)(i), 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: Heidi Lyndel Controller DATE: 10/18/05 DAYTIME PHONE #: (813) 286-8644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR