

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # F95000001770

1. Corporation Name

NETWORK TECHNOLOGIES INVESTMENTS, CORP.

Principal Place of Business

6734 NW 166 TERRACE
MIAMI LAKES FL 33014

Mailing Address

6734 NW 166 TERRACE
MIAMI LAKES FL 33014



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

2. New Principal Office Address, If Applicable

4065 SW 98 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

3. New Mailing Office Address, If Applicable

4065 SW 98 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1995

5. FEI Number

65-0560421

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
PCD	FLORES, MIKE A	2908 NW 24 WAY	BOCA RATON FL 33431
VD	FLORES, CARLOS A	6734 NW 166 TERR	MIAMI LAKES FL
D	FLORES, ELENA	4065 SW 98 CT	MIAMI, FL, 33165

11/27/02--01051--012 **150.00
11/26/02--01051--012 **150.00

8. Name and Address of Current Registered Agent

FLORES, CARLOS A
6734 NW 166TH TERR
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

ELENA FLORES

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

4065 SW 98 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

11/19/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/02

Daytime Phone #

305-226-3616

CR2E040 (8/02)



November 18, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
POBox 6327
Tallahassee, FL 32314

RE: Network Technologies Investment Corporation
FEI # 65-0560421

To Whom It May Concern:

This is to inform you that we have just received a Notice of Administrative Dissolution for our corporation. After receipt of this notice, we searched our records and discovered that we have not received any notices regarding the Annual Report or annual fees since those fees were last paid in January 2001.

Please note that our address has changed since then, possibly explaining the problem.

We are hereby officially requesting that you waive the Reinstatement Fee. We have included a check for \$150.00 to cover the regular annual fee.

Sincerely,

A handwritten signature in cursive script that reads "Elena Flores".

Elena Flores
Director

NETWORK TECHNOLOGIES INVESTMENT CORPORATION

P.O. BOX 5635 • HIALEAH, FL 33014-1635 • (609) 489-0044 FAX (609) 424-1393