## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT





## F95000001770 DOCUMENT #

1. Corporation Name

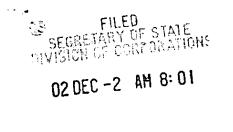
NETWORK TECHNOLOGIES INVESTMENTS, CORP.

Princi	nal	Diaca	Λŧ	Business
F III IUI	υaι	riaco	U,	Duoi i i coo

Mailing Address

6734 NW 166 TERRACE-MIAMILLAKES FL 33014

6734 NW-166 TERRACE MAMI LAKES FL 33014



If above a	ddresses are incorrect in any way. Jine th	rough incorrect in	nformation and enter	correction below				
4065 Sw 98 CT 406			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     04/12/1995			
Suite, Apt. #, etc.  Suite, Apt. #  City & State  City & State		5. FEI Number 65-0560421				Applied For Not Applicable		
733 t		Zip 3316	<u>,, , , , , , , , , , , , , , , , , , ,</u>		6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additi	onal Fee required ficate of Status
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpora	ations must list at lea				
Title(s)•	Name of Officers and/or Directors		eet Address of Each ficer and/or Director	11/27/	10201051Q; 4	ty State Zip	1.00	
PCD	FLORES, MIKE A 2908			908 NW 24 WAY			334	31
VD	FLORES, CARLOS A 6734 NW 166			RA	MIAMI LAKES FL			
D FLORES, ELENA			4065 SW 98 CT			MIAMI,	FL	33165
					11/26	108	**150	.00
	and the same of th	· · · · · · · ·			. ~		-	•
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
FLORES, CARLOS A			}	ELENA FLARES eet Address (P.O. Box Number is Not Acceptable)				
6734 NW 166TH TERR MIAMI LAKES FL 33014			9065 5w 98 CT Suite, Apt. #, Etc.					
				City			State Zio Co	°165
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am familiar w	ith and accept the o	bligations of Sect	ion 607.0505, F.S. or 61	7.0505, F.S.	
Signature o Registered	Agent		REQU ENT MUST SIGN	IRED		Date ///	9/02	
11 Loertify	that I am an officer or director or the rece	iver or trustee er	noowered to execute	this application as r	provided for in cha	apter 607 or 617, F.S. I f	urther certify the	at 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 indicates

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11/19/02 305-226-36/6
Date Daytime Phone #



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

Elena Flores

Director