

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 4:38

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REINSTATEMENT 00

DOCUMENT # F97000001847

1. Corporation Name

N.E.T. FEDERAL, INC.

Principal Place of Business

8300 BOONE BLVD., #600
VIENNA VA 22182-2626

Mailing Address

6500 PASEO PADRE PARKWAY
FREMONT CA 94555

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

04/10/1997

5. FEI Number

54-1455392

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
VD P/D	WARSTLER BOB FORBES, CRAIG W.	6500 PASEO PADRE PARKWAY 6530 PASEO PADRE PARKWAY	FREMONT CA 94555 FREMONT CA 94555
VD D	JAKUBCZAK, DOREEN R BATTY, JOHN C.	8300 BOONE BLVD., #600 6530 PASEO PADRE PARKWAY	VIENNA VA 22182 FREMONT, CA 94555
D S/D	BOWE, ROBERT MORAN, MARY ANN	6500 PASEO PADRE PKWY 6530 PASEO PADRE PARKWAY	FREMONT CA 94555 FREMONT, CA 94555
VD D	BARNEY, ROGER WOLF, HANS A.	6500 PASEO PADRE PKWY 6530 PASEO PADRE PARKWAY	FREMONT CA 94555 FREMONT, CA 94555
T	CALUSINE, DEBORAH L.	8300 BOONE BLVD	VIENNA, VA 22182-2626

8. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEMS, INC.
1201 HAYS STREET
#105
TALLAHASSEE FL 32301

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

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.

Signature of
Registered Agent

by:

Vivien S. Mitchell, Assistant Vice President

Date

12/5/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANN MORAN

Date

11/14/00

Daytime Phone #

510-574-2793

CR2E040 (800)