PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 20 AM 7:25

DOCUMENT # F97000006083

1. Corporation Name
NETWORK COMMUNICATIONS TECHNOLOGIES, INC

REINSTATEMENT 09-12

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10817 SOUTHERN LOOP BLVD.	P.O. BOX 411407
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINEVILLE, NC	City & State: CHARLOTTE, NC
Zip: 28134 Country: USA	Zip: 28241 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 56-1811424 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

200225416412
03/20/12--01021--007 **1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN VickiAnn Owens Special Assistant Secretary Date: 3/12/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	TERRY BLAKEMORE	1010 HALEY ROAD	MURFREESBORO, TN 37129
CFO	MICHAEL MCANDREW	1010 HALEY ROAD	MURFREESBORO, TN 37129
VP	MICHAEL MCANDREW	1010 HALEY ROAD	MURFREESBORO, TN 37129

10. E-mail Address: tony.clendenon@blackbox.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3/13/2012 615-890-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR 21 2012

T. CAULEY