

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F99000002396**

1. Corporation Name

PRONET TECHNOLOGY PARTNERS, INC.

Principal Place of Business

Mailing Address

6797 NORTH HIGH STREET, STE 104
 WORTHINGTON OH 43085

6797 NORTH HIGH STREET, STE 104
 WORTHINGTON OH 43085

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

FILED
 00 DEC -6 AM 11:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

05/11/1999

5. FEI Number

31-1499407

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	SANTANAM, GOPINATH	2184-C HEDGEROW ROAD	COLUMBUS OH
VSTD	THIRUANNAMALAI, BALAJI S	9441 S.W. 4TH STREET APT 301	MIAMI FL

300003505953--1
 -12/19/00--01064--022
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THIRUANNAMALAI, BALAJI S
 175 FONTAINEBLEAU BLVD., STE 1R14
 MIAMI FL 33172

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

[Handwritten Signature]

Date 12/1/00

REGISTERED AGENT MUST SIGN **BALAJI S. THIRUANNAMALAI**

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.

KE

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/1/00

Daytime Phone # 614-436-9860

CR2ED40 (8/00)