

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000002744

1. Entity Name
NETWOLVES ENTERPRISES, INC.



FILED
05 OCT 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042005 REIN-P CR2E098 (6/04)

Principal Place of Business
**4002 EISENHOWER BLVD.
STE. 101
TAMPA, FL 33634-7511**

Mailing Address
**4002 EISENHOWER BLVD.
STE. 101
TAMPA, FL 33634-7511**

2. Principal Place of Business
4805 Independence Parkway
Suite, Apt. #, etc.
STE 101
City & State
Tampa, FL
Zip
33634 Country

3. Mailing Address
4805 Independence Parkway
Suite, Apt. #, etc.
STE 101
City & State
Tampa, FL
Zip
33634 Country

4. FEI Number
11-2208052

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
CTS Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
103 N. Mecklen Street
City
Tallahassee FL Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sherry Gale** DATE **10-05-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GROTEKE, WALTER M 1102 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTEKE, WALTER R SR. 1213 ALMEDA AVENUE CLEARWATER, FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTLE, PETER C 5313 ARCHSTONE DRIVE, APT. 204 TAMPA, FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON 807 BENT CREEK DR LITITZ, PA 17543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CARLOS 11530 LINKS DR RESTON, VA 201904821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABREMARIANN, FASSIL 4209 WEST PLATT ST TAMPA, FL 336089	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/20/05--01052--001 **158.75

for 10/25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Guaynel Controller** DATE **10/18/05** (88) 286-8644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #