

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005694**

1. Corporation Name

Net AID INC.

2. Principal Office Address

267 Fifth Avenue

Suite, Apt. #, etc.

11th floor

City & State

New York, NY

Zip

10016

Country

3. Mailing Office Address

267 Fifth Avenue

Suite, Apt. #, etc.

11th floor

City & State

New York, NY

Zip

10016

Country

100005754101--2

-06/11/02--01095--012

******358.75 ****358.75**

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

94-3333728

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)

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

297.50-Adm

61.25-AR

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/18/2002**

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
Director	Carol Bellamy	Three UN Plaza New York, NY 10017	New York, NY 10017
D	M. Malloch Brown	One UN Plaza	New York NY 10017
D	Sharon Capeling-Alakia	Poatfach 240 III	Bonn, Germany 53153
D	Quincy Jones	3800 Barham Blvd(SW)	Los Angeles, CA 90069
D	Don Listwin	800 Chesapeake Dr.	Redwood City, CA 94063
D	John Chambers	170 W. Tasman Dr.	San Jose, CA 95134

10. 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: **X**

Gary Stahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 May 2002 212 537 0520

Date

Daytime Phone #

CR2E081 (9/01)

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Attachment

**State of Florida
Corporation Reinstatement**

Block 9. Names and Street Addresses of Each Director (continued)

Titles	Name & Address	Street Address	City / State / Zip
President	David Morrison	1182 Broadway, Apt. 1403	New York, NY 10001
Secretary	Chris Sinton	170 West Tasman Drive	San Jose, CA 95134
Treasurer	Gary Stahl	233 Park Place, Apt. 39	Brooklyn, NY 11238