

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010101

1. Limited Liability Company's Name

NETVILLAGE.COM, LLC

REINSTATEMENT 2001

2. Principal Office Address

2855 SO. CONGRESS AVE

Suite, Apt. #, etc.

Suite B

City & State

DELRAY BEACH, FL.

Zip

33445

Country

U.S.A.

3. Mailing Office Address

2855 SO. CONGRESS AVE.

Suite, Apt. #, etc.

Suite B

City & State

DELRAY BEACH, FL.

Zip

33445

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

8/17/2000

6. FEI Number

65-1033728

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DREW M. LEVITT, Esq

600004685416-6

Street Address (P.O. Box Number is Not Acceptable)

2855 SO. CONGRESS AVENUE

-11/16/01--01058--021

Suite, Apt. #, Etc.

Suite B

***155.00 ***155.00

City

DELRAY BEACH

State

FL

Zip Code

33445

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/1/01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MEM HAROLD L. VAN ARNEM 2855 SOUTH CONGRESS AVE DELRAY BEACH, FL. 33445

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

By: HAROLD L. VAN ARNEM

Date 11/1/01

Daytime Phone # 561-526-4344

Typed or printed name of signing Managing Member HAROLD L. VAN ARNEM

CR2E041 (9/01)