


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 <u>2855 So. CONGRESS AVE</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>DELRAY BEACH, FL.</u> Zip <u>33445</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>2855 So. CONGRESS AVE.</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>DELRAY BEACH, FL.</u> Zip <u>33445</u> Country <u>U.S.A.</u>	
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4. State/Country of Formation <u>FLORIDA, U.S.A.</u>
5. Date Organized or Qualified To Do Business in Florida <u>8/17/2000</u>
6. FEI Number <u>65-1033728</u>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name <u>DREW M. Levitt, Esq</u>	600004685416-6
Street Address (P.O. Box Number is Not Acceptable) <u>2855 So. CONGRESS AVENUE</u>	-11/16/01--01058--021 ***155.00 ***155.00
Suite, Apt., Etc. <u>Suite B</u>	
City <u>DELRAY BEACH</u>	State <u>FL</u> Zip Code <u>33445</u>

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] Date 11/1/01
 REGISTERED AGENT MUST SIGN

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
<u>MEM</u>	<u>HAROLD L. VAN ARNEM</u>	<u>2855 South Congress Ave</u>	<u>DELRAY BEACH, FL. 33445</u>

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 VanArnem Date 11/1/01 Daytime Phone # 561-526-4344
 Typed or printed name of signing Managing Member HAROLD L. VAN ARNEM

CR2E041 (9/01)