

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 1:44

1. DOCUMENT # L02000023498

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006700 01 AT 0.292 **AUTO T6 0 0615 33155-184147



NETADMINS, LLC
6547 SW 23RD STREET
MIAMI FL 33155-1841



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/10/2002	
Principal Place of Business 6547 SW 23RD STREET MIAMI FL 33155	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 81-0569457	Applied For Not Applicable
8. Name and Address of Current Registered Agent DELGADO, EDGARD H 6547 SW 23RD STREET MIAMI FL 33155		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>October 25, 2004</u>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DELGADO, EDGARD H	6547 SW 23RD STREET	MIAMI FL 33155
		000042755697 11/15/04--01075--006 **205.00	
		REINSTATEMENT 03-04	
		Ae	
12. 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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>10-25-04</u> Daytime Phone # <u>(305) 261-8190</u> Typed or printed name of signing Managing Member/Manager			

CR2EQ84 (7/03)