192

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  SECRETARY OF STATE DIVISION OF CORPORATIONS	• • •
DOCUMENT # M29/37  1. Corporation Name R. Netscit, P.A.  Maite R. Netscit, P.A.	
3DD037355403 05/27/0401015003 **300.00	/
Suite, Apt. #, etc. Poad. Suite, Apt. #, etc.  PEINSTATEMENT  4. Date Incorporated or Qualified To Do Business in Florida  March 19, 1986	)4 MP
Applied For Square Country  Zip  Country  S8.75 Additional Fee require	ed }
7. Name and Address of Current Registered Agent	
Name  Maitte Netsellesq.  Street Address (P.O. Box Number is Not Acceptable)  122 Madeina Aug  Suite, Apt. #, Etc.  Coral Stables, I-1  City  Coral Mables, FR.  State Zip Code  FL 33134	
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  REGISTERED AGENT MUST SIGN  Date 5 / 7 / 04	CR2E081 (01/04)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	]
Titles Name of Street Address of Each City / State / Zip  Officers and/or Director City / State / Zip	
PVP, Setti. Maitte NeTsut 122 Madeira Ane Coral Dables,	1
71.33134	
	-
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 filling 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:	

282

## Maitte Netsch, P.A.

Attorney and Counselor at Law

Coral Gables, Florida 33134

Tel- (305) 667-1822 Fax: (305) 441-0232

E-Mail: maittenetsch@aol.com

May 18, 2004

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Reinstatement of MAITTE R. NETSCH, P.A. FEI# 59-2655887

Dear Sirs or Mesdames:

Please be advised that I did not learn that my P.A. had been dissolved in 2003 for not filing the Annual Corporate Report until a few weeks ago, when the Department of Revenue conducted an audit of the P.A. and advised my accountant.

Although the address of my Corporation, for purposes of your Department is 235 S.W. Le Jeune Road, Miami, Fl 33134, I spend all my work time at 122 Madeira Ave. Coral Gables, Fl 33134, which would be my mailing address. The corporate Annual Report for the year 2003 never reached me. Therefore, now both 2003 and 2004 must be filed.

I am enclosing the Annual Corporate Fee Report fee for the two years and respectfully request that you waive the reinstatement fee due to these extenuating circumstances, in particular not having received the Corporate Annual Report for 2003. I have noted in the Reinstatement Application my correct "mailing address" to ensure this does not happen again. Please note that I have been a Corporate entity in the state of Florida since 1986. The reinstatement fee would be a financial hardship upon this Corporation.

I thank you for your attention to this matter.

Sincerely,

MAITTE NETSCH, ESQ.