PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	10f	7
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	, , ,	

e Qui	Y	PLEASE READ	ALL INSTRUCT	IONS BEFORE C	COMPLETIN	IG THIS FORM	1040
COR	PORAT		FLORIDA DEPAR Katheri Secretar	TMENT OF STATE ne Harris y of State corporations		FILE 01 OCT 15	ED An II: 35
DOCU		₹ -	0002162		1	SECRETARY (TALLAHASSEE	OF STATE
1. Corporat	ion Name	Network	ing Solut	Inc			
2. Principal	Office Add	ress 47 Ava #316	3. Mailing Office Addre	ess	7		01088013
001 Suite, Apt. #,	9tc. 21-77=	7/AVE 0/0	Suite, Apt. #, etc.	ME	4. Date Incorpo	****150.1	
City & State	10		City & State	X	To Do Busine	ess in Florida	20 30 Applied For
//// Zip	mI	Country	Zip	Country	65-10	02569	Not Applicable 3.75 Additional Fee required
331	26	USA	7 Name and	Address of Current Basista	<u> </u>	OF STATUS DESIRED	for a Certificate of Status
	Name 1		T-0	Address of Current Register	red Agent		
	Street Ad	TNRIQUE Idress (P.O. Box Number is N	lot/Acceptable)	191E L			
	Suite, Ag	7 1 1 0 0	TL 3:	3126			
	City	ViAm	F1	5/2-10		State Zip Code FL 33/	26
8. I, being a	appointed the	he registered agent of the apo	ove name of corporation, am	familiar with and accept the o	obligations of section	607.0505 or 617.0503, F.	s. 24 200)
Signature of Registered A		4 / JR	THE OU EGISTERED AGENT MUS	TUSIGN		Date 1	24 2001
9. Names	and Street	Addresses of Each Officer an	d/or Director (Florida nonpr	rofit corporations must list at le			
Titles		Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo		City / St	late / Zip
P	ENR	rique I Rods	RIGUEZ 80	1 NW 47 Ave	H810	MiAm, F	13326
		.*					mil
this rein	statement a	application, the reason for dis- ration have been paid and the	solution has been eliminate names of individuals listed	to execute this application as d, the corporate name satisfie on this form do not qualify for ne legal effect as if made und 2 /	is the requirements or r an exemption under	of section 607.0401 or 617.0	0401, F.S., that all tees
SIGNAT	TURE:	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING O	FPICIER OR DIPRECTOR	- 9	24 30, Date Da	2366 aytime Phone #

Untitled





Miami Networking Solutions Inc. 801 NW 47 Avenue Miami, Fl. 33126

To:

Florida Department of State Division of Corporation PO Box 6327 Tallahassee, Fl. 32314

Ref:

ADMIN DISSOLUTION FOR ANNUAL REPORT (Re-Instatement)

Enclose is the form for re-instatement, I failed to send the annual report

beucase I never received it.

while checking the SUNBIZ.ORG for other information I check out my own information

-and-found-this-message.

Please if you can waive the reinstatement charge of \$ 600.00 it would really really help me.

I am a small company trying to make a decent living for my childens.

Thank you.