

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024021

1. Corporation Name

Network Strategies, Inc.

2. Principal Office Address

125 La Valencia Circle

3. Mailing Office Address

P. O. Box 7518

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32413

Country

Zip

32413

Country

4. Date Incorporated or Qualified To Do Business in Florida 02-29-00

5. FEI Number 62-1820061

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michael R. Wagner

Street Address (P.O. Box Number is Not Acceptable) 125 La Valencia Circle

Suite, Apt. #, Etc.

600008756296

11/01/02--01046--002 **308.75

City Panama City Beach

State
FL

Zip Code

32413

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

Michael R. Wagner
REGISTERED AGENT MUST SIGN

Date 10-30-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|---------------------------|
| Pres. | Michael R. Wagner | 125 La Valencia Circle | Panama City Bch, FL 32413 |
| E.V.P. | Lynne P. Wagner | 125 La Valencia Circle | Panama City Bch, FL 32413 |
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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 filing 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.

Michael R. Wagner

PRESIDENT

10-30-02

850-249-5522

SIGNATURE:

Michael R. Wagner, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)