

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 12 AM 11:57

DOCUMENT # P00000024021

1. Corporation Name

NETWORK STRATEGIES, INC.

2. Principal Office Address

219 LA VALENCIA CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 7518

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH

Zip

32413

Country

US

City & State

PANAMA CITY BEACH

Zip

32413

Country

US

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

03-08-2000

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)

219 LA VALENCIA CIRCLE

Suite, Apt. #, Etc.

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 1-11-05

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
<u>"PRES"</u>	<u>MICHAEL R. WAGNER</u>	<u>219 LA VALENCIA CIRCLE</u>	<u>PANAMA CITY BEACH, FL 32413</u>
<u>"EXVP"</u>	<u>LYNNE P. WAGNER</u>	<u>219 LA VALENCIA CIRCLE</u>	<u>PANAMA CITY BEACH, FL 32413</u>

300044675663  
01/18/05--01013--016 \*\*458.75

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.

SIGNATURE:

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

1-11-05

Date

950-258-0700

Daytime Phone #

CR2E081 (01/05)

2 of 2

# Network Strategies, Inc.

Post Office Box 7518

Panama City Beach, Florida 32413

*Strategic Business Services*

850-249-5522 fax 850-249-5585

January 11, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JAN 12 AM 11:57

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Attn: Mr. Gary Blankenbaker

Re: Corporate reinstatement

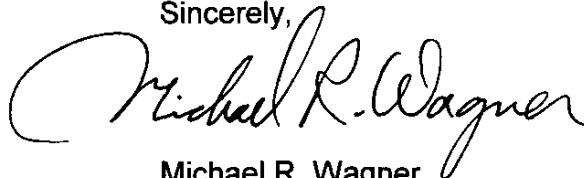
Dear Sir:

Please reinstate this corporation. Prior UBR notices were not received.

Please advise by telephone at 850-258-0700 upon receipt of this letter.

Thank you for your kind assistance and consideration in this matter.

Sincerely,



Michael R. Wagner  
President, Registered Agent  
Network Strategies, Inc.  
FEIN 62-1820061

Enclosures: Reinstatement application  
Check in the amount of \$458.75