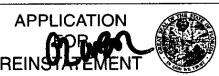
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 15 1.F.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P01000023668

1. Corporation Name

FAPPS.NET, INC.

Principal Place of Business

Mailing Address

18450 NE 2ND AVENU MIAMI FL 33179



02 NOV 13 PM 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JE	18450 NE 2ND AVENUE MIAMI FL 33179	
		42

	ncipal Office Address, If Applicable		ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/07/2001			
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Numbe	· · · · · · · · · · · · · · · · · · ·	Applied For	
City & State City & State					32-00+0976		Not Applicable	
Zip Country Zip			Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requi		Additional Fee required a Certificate of Status	
7 Names	and Street Addresses of Each Offic	er and/or Director (FI	lorida nonprof	I	least 3 directors)		<u> </u>	
Title(s)	Name of Officers			Street Address of Each Officer and/or Director		City / State / Zlp		
D	GREENBERG, BILL W.F.	18450 N	18450 NE 2ND AVENUE		MIAMI FL 33179			
D	GREENBERG, DEBORAH L			18450 NE 2ND AVENUE		MIAMI FL 33179		
					,			
					00: 10/28/	DOO862524 0201080017 **	⊦ ⊕ ∗150.00	
	8. Name and Address of C	urrent Registered Ag	gent	<u></u>	9. Name and	Address of New Registered Ag	gent	
				Name				
Greenberg, Bill W.F. 18450 ne 2nd Avenue				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33179				Suite, Apt. #, Etc.				
				City		State	Zip Code	
10. I, being	appointed the registered agent of	the above named corp	poration am I	familiar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617.0505,	F.\$.	
Signature o	f Agent Dilli	WEIDE		QUIRED		Date	1/2007	
		HEGISTERED A	GENT MUST	SIGN				

11. 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 reinstalement 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 arge legal effect as if made under oath.

SIGNATURE:



BILL GREENBERG SPECIAL SERVICES, INC.

18450 NE 2ND AVENUE MIAMI, FL 33179

October 24, 2002

Office 305.770.4438 Fax 305.770.4458 Research Fax 800.770.4496 E-Mail bill@bgss.com

FLORIDA DEPARTMENT OF STATE JIM SMITH SECRETARY OF STATE DIVISION OF CORPORATIONS 409 E. GAINES STREET TALLAHASSEE, FL 32399

RE: Reinstatement of (FAPPS.NET, INC.)

Dear Secretary of State,

Please reinstate our corporation "FAPPPS.NET, INC." and waive the reinstatement fee. Our corporation has never before received the two prior Uniform Business report notifications. Our first was received today 10/24/2002.

Thank you for your help in this matter and we can be reached at 305.770.4438 or e-mail at <u>bill@bgss.com</u> attention Bill W.F. Greenberg.

Best Regards

Bill W.F. Greenberg, A

C9700337

Director of Fapps. net, Inc.

Domain - http://bgss.com/ A Licensed Investigative Agency - License # A9600339

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