

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
*Owner*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039274

1. Corporation Name

V-NETWORKER TECHNOLOGIES INC.

Principal Place of Business

421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460  
US

Mailing Address

421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460  
US



300009612403  
12/20/02--01023--004 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*1701 N. FEDERAL HWY*

3. New Mailing Office Address, If Applicable

*1701 N. FEDERAL HWY.*

4. Date Incorporated or Qualified To Do Business in Florida

04/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*65-1092827*

Applied For

Not Applicable

City & State  
*LAKE WORTH FL.*

City & State  
*LAKE WORTH FL.*

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

Zip *33460* Country *USA*

Zip *33460* Country *USA*

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VOLKER, DAN L IV	1701 N. FEDERAL HIGHWAY	LAKE WORTH FL 33460
T	ZITO, ANTHONY J	1701 N. FEDERAL HIGHWAY	LAKE WORTH FL 33460

*12/24*

8. Name and Address of Current Registered Agent

VOLKER, DANIEL L  
421 SOUTH LAKESIDE DRIVE  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name *Anthony J. Zito*  
Street Address (P.O. Box Number is Not Acceptable)  
*1701 N. FEDERAL HWY*  
Suite, Apt. #, Etc.  
City *LAKEWORTH* State *FL* Zip Code *33460*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date *11/30/02*

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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

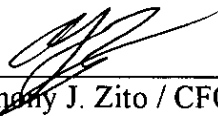
*11/30/02* *561-582-8788*  
Date Daytime Phone #

CR2E040 (8/02)

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Fl. 32314-6327

November 8, 2002

This is to certify that I did not receive the two prior uniform business report ( UBR ) notices which your office has indicated in the enclosed Application for Reinstatement. Please send any and all correspondences to our business office at 1701 North Federal Hwy Lakeworth FL. 33460. Enclosed is our UBR filing fee of \$150.00. Thank you for your patience and understanding.

  
\_\_\_\_\_  
Anthony J. Zito / CFO