## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORICA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## P01000066115 DOCUMENT #

1. Corporation Name

NETWORK ARTISTRIES INC.

2. New Principal Office Address, If Applicable

Country

LATCHAW, ALEXANDER S

Name of Officers

and/or Directors

8. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

1938 RIVER OAKS DRIVE JACKSONVILLE FL 32259

Suite, Apt. #, etc.

City & State

Title(s)

D

Zip

1938 RIVER OAKS DRIVE JACKSONVILLE FL 32259

3. New Mailing Office Address, If Applicable

Country

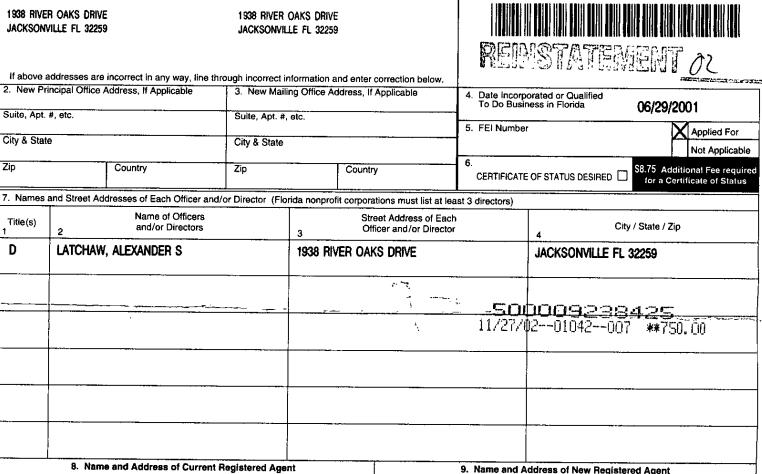
1938 RIVER OAKS DRIVE

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

FIFED

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SECREMAN AND STATE TANK AND LOAD



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

LATCHAW, ALEXANDER S

1938 RIVER OAKS DRIVE JACKSONVILLE FL 32259

10-22-2002

State | Zip Code

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.

Name

City

Suite, Apt. #, Etc.

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2002 904-529-8928