

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

192  
AND  
FILED

06 MAY 24 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087660

**1. Corporation Name**

Outsource Network Services, Inc.

**2. Principal Office Address**

636 US HWY 1

Suite, Apt. #, etc.

Suite 118

City & State

North Palm Beach, FL

Zip

33408

Country

USA

**3. Mailing Office Address**

636 US HWY 1

Suite, Apt. #, etc.

Suite 118

City & State

North Palm Beach, FL

Zip

33408

Country

USA

**REINSTATEMENT**

02-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/04/2001

**5. FEI Number**

65-1140559

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

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

**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

**Norman A Pasquier**  
**Assistant VP**  
**Corporate Creations**

REGISTERED AGENT MUST SIGN

Date 5/22/2006

**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
D	Stephen A. Murphy	636 US HWY 1, Suite 118	North Palm Beach, FL 33408
D	Fiona Grace	636 US HWY 1, Suite 118	North Palm Beach, FL 33408

**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:**

N. Pasquier as attorney in fact for:

**Stephen A. Murphy, Director**

May 22, 2006

305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Outsource Network Services, Inc.

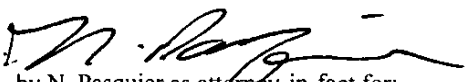
Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$750.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:   
by N. Pasquier as attorney-in-fact for:

Name: Stephen A. Murphy  
Title: Director

Date: 5-23-2006