

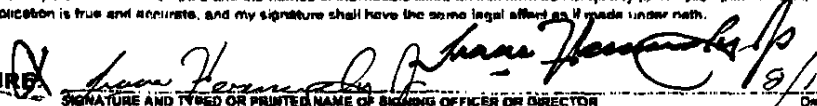
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 AUG 28 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400022375494 08/18/03--01026--001 **300.00
DOCUMENT # <u>P01000090235</u> 1. Corporation Name TECHNET SOLUTIONS, INC. 12034 NW 13TH STREET PEMBROKE PINES, FL 33026				
2. Principal Office Address 12034 NW 13TH STREET		3. Mailing Office Address 8004 NW 154 STREET		
Suite, Apt. #, etc. City & State PEMBROKE PINES, FL		Suite, Apt. #, etc. 290 City & State MIAMI LAKES, FL		
Zip 33026	Country BROWARD	Zip 33016	Country MIAMI-DADE	4. Date incorporated or Qualified To Do Business in Florida 08/13/01 5. FEI Number 65-1139766 Applied For ☐ Not Applicable ☒ 6. CERTIFICATE OF STATUS DESIRED ☐

02-03 UBR

7. Name and Address of Current Registered Agent	
Name ISAAC HERNANDEZ JR	
Street Address (P.O. Box Number is Not Acceptable) 12034 NW 13TH STREET	
Suite, Apt. #, Etc.	
City PEMBROKE PINES	State FL Zip Code 33026

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0903, F.S. Signature of Registered Agent  Date <u>8/13/03</u> <u>8/26/03</u> REGISTERED AGENT MUST SIGN			
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
P, VP	ISAAC HERNANDEZ JR	12034 NW 13TH STREET	PEMBROKE PINES, FL 33026
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  Date <u>8/26/03</u> <u>8/13/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CORP-501 (10/02)

2082

TECHNET SOLUTIONS INC.

August 13, 2003

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: TechNet Solutions, Inc.
P01000090235

To Whom It May Concern:

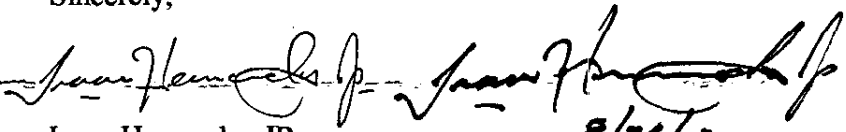
Enclosed is the corporate reinstatement form for TechNet Solutions, Inc. and a check for \$300 for the 2002, 2003 annual fees .

The company has moved since the date of incorporation. The bills for the annual fees were never received at the new address. This is the first time I have established a corporation and, without proper guidance, my inexperience in these matters meant that I was unaware of the proper filing procedures.

For the above reasons, I'm requesting the abatement of the \$600 reinstatement fee.

Thank you for helping me resolves this matter.

Sincerely,


Isaac Hernandez JR.
President

8004 N.W. 154th Street #290
Miami Lakes FL, 33016
Tel: 954-822-0045
Fax: 954-602-5664