

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119843

1. Corporation Name

MEDIANT NETWORKS, INC.

6175 NW 167TH STREET
6175 NW 167TH STREET

2. Principal Office Address

6175 NW 167TH STREET

Suite, Apt. #, etc.

G34

City & State

HIALEAH, FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

6175 NW 167TH STREET

Suite, Apt. #, etc.

G34

City & State

HIALEAH, FLORIDA

Zip

33015

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/19/2001

5. FEI Number

26-0007432

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

CARLOS E. GONZALEZ

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

6175 NW 167TH STREET

Suite, Apt. #, Etc.

G34

City

HIALEAH

State

FL

Zip Code

33015

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

Carlos E. Gonzalez

Date 08/18/2004

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
PD	CARLOS E. GONZALEZ	6175 NW 167TH ST, # G34	HIALEAH, FL 33015
CD	WILLIAM H. PHELPS	6175 NW 167TH ST, # G34	HIALEAH, FL 33015
DS	RICARDO R. NAVA	6175 NW 167TH ST, # G34	HIALEAH, FL 33015
VP	CHARLES E. KNIGHT	6175 NW 167TH ST, # G34	HIALEAH, FL 33015

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08/31/04--01022--003 **150.00

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:

Carlos E. Gonzalez

08/18/2004

305735-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)

Miami, August 18th, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: MEDIANT NETWORKS, INC.
Doc Number P01000119843**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Carlos E. Gonzalez". The signature is written in a cursive, flowing style.

**Carlos E. gonzalez
President
6175 NW 167th Street, # G34
Hialeah, FL 33015**