PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT	FLORIDA DEPARTMEN Secretary of St DIVISION OF CORPOR	NT OF STATE State 06 D	PEC 19 PM 4: 39 RETARY OF STATE AHASSEE. FLORIDA	
DOCUMENT # P0200 1. Corporation Name CUBAS E	DOO19321 EXTREME NETW		MASSEE, FLURIUA	
2. Principal Office Address 2700 MICHISAN AVE Suite, Apt. #, etc. UniT C	3. Mailing Office Address  2700 M/CH  Suite, Apt. #, etc.  UNT C	4. Date Incor	rporated or Qualified siness in Florida	2002
City & State  KISSIMME, FL  Zip  Country  U.S. A	City & State  KISSI MME  Zip Count  34744	ntry 6.	Secondary Secondary \$8.75 Addition	Applied For Not Applicable nal Fee required cate of Status
Suite, Apt. #, Etc.  City  KISSIMM	PALHA Not Acceptable) VG-SCREST  EE	Zenok:	0082641628 06-01037-002 **600. State Zip Code FL 34744	1228x
8. I, being appointed the registered agent of the above named corporation, am familiar with an above the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Titles  Name of Street Address of Each Officers and/or Directors Officer and/or Directors			City / State / Zip	
PRESIDENT SOLAND			KISSIMMEE, PL	34744
10. I certify that I am an officer or director or the rec			hapter 607 or 617, F.S. I further certify that its of section 607.0401 or 617.0401, F.S., the section for the first of the first	

this reinstatement application, the reason for dissolution has been eliminated, execute this application as provided for in chapter 607 or 17, F.S. Hurther Certay has when him this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 r, 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 contained in Chapter 119, 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:

SOLAND PALHA
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/12/06 (646)623-9851

## To Whom It May Concern:

## Dear Sir

I am writing this letter to state that we did not receive any annual reports of notices for this company (Cubas Extreme Networking) as of 2003 to the present date. I would like to reinstate the company and have enclosed the necessary fees after verifying this info with one of your agents over the phone. I have also included my new address on the Blank reinstatement form.

I thank you very much in advance for addressing this situation in a just and prompt Manner. I would also like to take this opportunity to wish everyone in your department a very merry Christmas and Happy New Year. I have always found the staff to be very helpful every time I had a question. I wish other agencies worked in such an efficient manner.

Kind Regards

Solameralha

President

P.S. I WAS TOLD BY ONE OF THE OFFICERS That IF WE DID NOT RECEIVE THE ANNUAL REPORT OF NOTICE that I WOULD ONLY have TO SEND IN 15150 FOR EACH YEAR.