

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000031232

Entity Name: NETFORCE SOLUTIONS, INC.

FILED  
Oct 12, 2005  
Secretary of State

## Current Principal Place of Business:

13815 VACATION LANE  
ODESSA, FL 33556

## New Principal Place of Business:

13815 VACATION LANE  
SUITE A  
ODESSA, FL 33556

## Current Mailing Address:

P O BOX 747  
ODESSA, FL 33556

## New Mailing Address:

FEI Number: 03-0420180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERS, WILLIAM T  
13815 VACATION LANE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM T. RIVERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIVERS, WILLIAM T  
Address: 13815 VACATION LANE  
City-St-Zip: ODESSA, FL 33556

Title: VSTD ( ) Delete  
Name: RIVERS, TERRI L  
Address: 13815 VACATION LANE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T RIVERS

PD

10/12/2005

Electronic Signature of Signing Officer or Director

Date