

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 23 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074422

1. Corporation Name

B2B NETWORK SOLUTIONS Corporation

2. Principal Office Address

810 South Park Rd

3. Mailing Office Address

810 South Park Rd

Suite, Apt. #, etc.

ste#111

Suite, Apt. #, etc.

ste#111

City & State

Hollywood

City & State

Hollywood

Zip

33021

Country
USA

Zip

33021

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2002

5. FEI Number

30-0094888

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

Di Paulo, Adriano

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

810 South Park

Suite, Apt. #, Etc.

ste#111

City

Hollywood

State

FL

Zip Code

33021

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

Adriano Paulo

Date 06/20/06

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	Di Paulo, Adriano	810 South Park Rd ste 111	Hollywood, FL 33021
		<i>8/6/27</i>	
			000076674390 06/28/06--01013--013 **1200

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 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:

Adriano Paulo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/06 (305)494-9950

Date

Daytime Phone #