

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082808

1. Corporation Name

NETSOLUTION CORP

2. Principal Office Address

13411 SW 144 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

MIAMI-DADE

3. Mailing Office Address

13411 SW 144 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/02

5. FEI Number

02-0635537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

ALEXIS FAJARDO

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

13411 SW 144 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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 X

Date

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
<u>DP</u> <u>ST</u>	<u>ALEXIS FAJARDO</u>	<u>13411 SW 144 TERR</u>	<u>MIAMI FL 33186</u>

11/5/04

300042559123
11/08/04--01053--005 **300.00

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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/04
Date

305.776-2757
Daytime Phone #

CR2E081 (01/04)

**NETSOLUTION CORP
13411 SW 144 TERRACE
MIAMI FL 33186**

November 5, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: 2003-4 UBR Reports
Doc# P902000082808

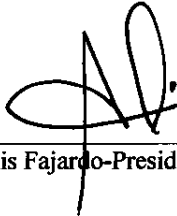
Dear State Representative:

Please allow this letter to serve as a statement that we never received our 2003 or 2004 UBR Report. According to my conversation yesterday with one of your representatives, I downloaded the form and I am sending you a check in the amount of \$300 in order to bring our account up-to-date.

At this time, we are requesting an abatement of penalties in regards to this matter. Thank you in advance for your understanding and cooperation . Please process our reinstatement as quickly as possible due to the fact that there is a very important loan awaiting this transaction.

Again, thank you for your diligence. If you have any further questions in regards to the above please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'AF', is written over a horizontal line.

Alexis Fajardo-President

Enclosure