

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 15 AM 10:13

RECEIVED
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088368

1. Corporation Name

Budget Nets and Slings Corp.

W06000023544

2. Principal Office Address

9809 NW 80th Ave

3. Mailing Office Address

S/A.

Suite, Apt. #, etc.

Bay 9K

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

City & State

Zip

33016

Country

USA

Zip

Country

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/02

5. FEI Number

48-1270072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kim L. MERCED

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

100 Kings Point Dr.

Suite, Apt. #, Etc.

Apt. # 1010

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

[Signature]

Date 5/9/2006

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
D	Juana CARABALLO	100 Kings Pt. Dr. Apt. 1010	Sunny Isles Beach, FL 33160
M	Kim L. MERCED	100 Kings Point Dr. #1010	Sunny Isles Beach FL 33160

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

[Signature]

Kim L. MERCED

5/9/06

305-231-7130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

BUDGET NETS AND SLINGS CORPORATION

*9809 NW 80th AVE. BAY 9K
HIALEAH GARDENS, FL 33016
TEL: 305-231-7130 FAX: 305-231-7123*

May 9, 2006

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

RE: Reinstatement

To Whom It May Concern:

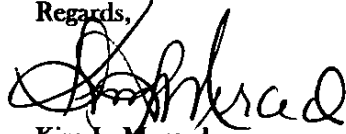
Enclosed please find the reinstatement application for Budget Nets & Slings Corp. The company was dissolved Sept. 19, 2003 for non annual report filing.

As indicated on your application we are requesting that the Reinstatement Fee be waived as the report notices were not received.

We have included a check in the amount of \$600.00 to cover the yearly filing fees from the date of dissolution to the present day.

If you have any further questions please feel free to contact our offices at 305-231-7130. We thank you in advance for your assistance.

Regards,



Kim L. Merced
Manager