

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119412

1. Corporation Name

NETACORP TECHNOLOGIES, INC.

Principal Place of Business

11661 WEST ATLANTIC BLVD.
APT #25
CORAL SPRINGS FL 33071

Mailing Address

11661 WEST ATLANTIC BLVD.
APT #25
CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9251 NW 100 street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

3. New Mailing Office Address, If Applicable

9251 NW 100 street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2002

5. FEI Number

56-2301547

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LOPEZ, JULIO G	11661 WEST ATLANTIC BLVD. APT. #	CORAL SPRINGS FL 33071
P	LOPEZ, JULIO G.	9251 NW 100 street	MIAMI, FL 33178

8. Name and Address of Current Registered Agent

LOPEZ, JULIO G
11661 WEST ATLANTIC BLVD.
APT #25
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

LOPEZ, JULIO G.

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

9251 NW 100 street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/21/03

11. 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO G. LOPEZ 10/21/03 786-299-
Daytime Phone # 2313

CR2E040 (7/03)