

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 14 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123833

1. Corporation Name

NETWORKERS, INC.

Principal Place of Business

C/O GERSEN BLAKEMAN & ACKERT LLP
1900 NW CORPORATE BLVD., SUITE 400E
BOCA RATON FL 33431
US

Mailing Address

C/O GERSEN BLAKEMAN & ACKERT LLP
1900 NW CORPORATE BLVD., SUITE 400E
BOCA RATON FL 33431
US

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

2. New Principal Office Address, If Applicable

11819 LAKE ESTATES DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

(SAME)

City & State

BOCA RATON, FL

City & State

Zip

33496

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2002

5. FEI Number

65-1162449

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES DIRECTOR	ALBERT SCHMIEB	11819 LAKE ESTATES DRIVE	BOCA RATON, FL 33496

REINSTATEMENT

8. Name and Address of Current Registered Agent

BLAKEMAN, RICHARD ESQ.
1900 NW CORPORATE BLVD
SUITE 400E
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/4/2003

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:

ALBERT SCHMIEB, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/2003 561-477-6800

Daytime Phone #

CR20040 (7/03)

2012

NETWORKERS, INC.

17879 LAKE ESTATES DRIVE
BOCA RATON, FL 33496

November 4, 2003

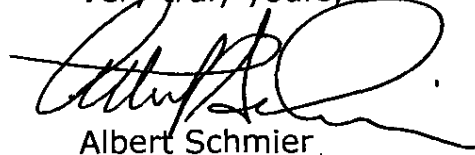
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madame:

The undersigned is the President and sole Director of Networkers, Inc.

I did not receive the two prior uniform business report notices. I respectfully request that the reinstatement fee be waived.

Very truly yours,

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

Albert Schmier