

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -5 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000036081

1. Corporation Name

Net Investment & Services Corp

2. Principal Office Address - No P.O. Box #

6625 Miami Lakes dr

City, Apt. #, etc.

419

City & State

Miami Lakes

Zip

33014

Country

USA

3. Mailing Office Address

10704 nw 77th street

Suite, Apt. #, etc.

City & State

medley, fl

Zip

33178

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-31-2003

5. FEI Number
45-0509596

☐ 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

Maribel Torres

Street Address (P.O. Box Number is Not Acceptable)
10704 NW 77th street

Suite, Apt. #, Etc.

City

Medley

State
FL

Zip Code
33178

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 09-30-2009

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
P	Maribel Torres	10704 NW 77th street	Medley, FL. 33178
VP	Alexander Batista	10805 NW 89th terrace	Medley, FL. 33178

000161337530
10/05/09--01063--007 **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 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:

Alexander Batista

09-30-2009

754-864-8582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 5 2009