

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 803000080141

1. Corporation Name

Network Business Solutions of South FL Inc

W09-12002

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

9465 Thanksgiving Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 972422

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

MIAMI Dade

City & State

MIAMI, FL

Zip

33197

Country

MIAMI Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

7/15/2003

5. FEI Number

31-1824241

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

WILVER WEDDERBURN

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

9465 Thanksgiving Dr.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33197

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

2/16/09

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	WILVER WEDDERBURN	P.O. Box 972422	MIAMI, FL 33197
V	OLGA WEDDERBURN	PO Box 972422	MIAMI, FL 33197

500144015385  
02/19/09--01038--016 \*\*150.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/09

Daytime Phone #

FILED

09 MAY 13 PM 1:46

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

500144015385  
05/12/09--01005--016 \*\*300.00

CR2E081 (12/08)