

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 18 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO3000131876

1. Corporation Name

Network Enterprise Solutions, Inc.

2. Principal Office Address

2118 Sun Tree Dr

3. Mailing Office Address

2118 Sun Tree Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33763

Country

USA

Zip

33763

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 7, 2003

5. FEI Number

90-0125520

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

Victor Gandoff

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

2118 Sun Tree Dr

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

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

Victor Gandoff

REGISTERED AGENT MUST SIGN

Date 09-16-2006

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
President	Victor Gandoff	2118 Sun Tree Dr	Clearwater, FL 33763
Vice Pres	Sheryl Garrett	3587 Pittman Rd	Dover, FL 33527
Secretary	Glenn Garrett	3587 Pittman Rd	Dover, FL 33527
Treasurer	Stephanie Garrett	3587 Pittman Rd	Dover, FL 33527

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:

Victor Gandoff

VICTOR GANDOFF

09-16-2006

(727)744-9813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #