

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 DEC 13 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000043701

**1. Corporation Name**

NETZOOM, INC.

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

5776 HAMILTON WAY

Suite, Apt. #, etc.

**3. Mailing Office Address**

5776 HAMILTON WAY

Suite, Apt. #, etc.

**City & State**

BOCA RATON, FLORIDA

**Zip**

33496

**Country**

USA

**City & State**

BOCA RATON, FLORIDA

**Zip**

33496

**Country**

USA

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

03/09/2004

**5. FEI Number**

32-0110141

**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**

HARVEY KLAIMAN

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

5776 HAMILTON WAY

**Suite, Apt. #, Etc.**

**City**

BOCA RATON

**State**

FL

**Zip Code**

33496

☒ 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**

*Harvey J. Klaiman*  
REGISTERED AGENT MUST SIGN

**Date** 12/12/07

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	HARVEY KLAIMAN	5776 HAMILTON WAY	BOCA RATON, FL 33496

700113115487  
12/13/07--01041--013 \*\*300.00

**REINSTATEMENT**  
06-07

**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:**

*Harvey J. Klaiman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

12/12/07 #561-302-3130



Goldstein  
Lewin & Co.

CERTIFIED PUBLIC ACCOUNTANTS  
AND CONSULTANTS

November 19, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #P04000043701

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and it has come to our attention that Netzoom, Inc. has not received UBR renewal notices for the years 2006 and 2007. This may have happened because they moved their location in late 2005. Enclosed please find a completed corporation reinstatement form along with the filing fees of \$300.00.

We respectfully request that the penalties and reinstatement fees be waived due to not receiving the notices. Thank you in advance for your attention to this matter. If you have any questions, please feel free to contact our office.

Sincerely,

GOLDSTEIN LEWIN & CO.  
Certified Public Accountants and Consultants

Sheila Z. Zeigen  
For the firm