

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000006070

1. Corporation Name

FOUYE NETWORKS INC

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

153 NE 97 STREET

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

Zip

33138

Country

USA

3. Mailing Office Address

153 NE 97 STREET

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

Zip

33138

Country

USA

**7. Name and Address of Current Registered Agent**

Name

WOODRING SAINT PREUX

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

7969 PANAMA STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

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

*Woodring Saint Preux*

REGISTERED AGENT MUST SIGN

Date 02/05/2009

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	WOODRING SAINT PREUX	7969 PANAMA ST	MIRAMAR, FL 33023

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

*Woodring Saint Preux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/05/2009

305.751.1940

Daytime Phone #

FILED

09 FEB -9 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600143176006  
02/09/09--01046--016 \*\*450.00

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified To Do Business in Florida 01/12/2006

5. FEI Number 41-2198966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

2/9/09