PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 11 JAN -3 PM 12: 33 SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT # P09000007882

1. Corporation Name

Nets of America Inc.

700189321227
01/04/11--01017--007 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 4920 Cypress Trace Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tampa, FL.
Zip	Country	Zip 33624	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/25/2009

5. FEI Number 26-4121791   ☐ 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 Alen. Kozic.

Street Address (P.O. Box Number is Not Acceptable) 4920 Cypress Trace Dr.

Suite, Apt. #, Etc.

City Tampa   State FL   Zip Code 33624

REINSTATEMENT 10

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 12/28/10

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
Owner	Alen Kozic	4920 Cypress Trace Dr.	Tampa, FL. 33624

10. **E-mail Address:** Sales@netsofamerica.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _____   12/28/10   813-449-0572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #