PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS **CORPORATION** Secretary of State 06 JAN 24 PH 5: 21 REINSTATEMENT DIVISION OF CORPORATIONS D 3 7 5 Network I Financial Securities Inc. **800062658728** 02/06/06--01005--015 ***808.75 3. Mailing Office Address 2. Principal Office Address CR2E081 (8/05) 4. Date Incorporated or Qualified To Do Business in Florida 5/18 1987 5. FEI Number \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 07701 u.s.A. 07701 U.S.A. 7. Name and Address of Current Registered Agent Zip Code 334 State FL the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registe Signature of Date 12-18/05 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Titles Robbinsville, Wosa1 William R. Hunt Jr. Barto Way Richard W. Hunt Belmar, NJ 07719 139 Terrace Rd. S+V 580 Oakdale St. Damon Testaverde 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OF