PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 11 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P35993

1. Corporation Name

Network Capital Corporation

Principal Plac ***368 Veterans Memorial Hwy.***
Commack, NY 11725

REINSTATEMENT 9/30

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 11-2900057 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Peter A. Ferrara, Sr.	6 Lord Joe's Landing	Northport, NY 11768
SVP	Michael J. Paez	16 Atterbury Rd	Southampton, NY 11968
VP/CFO	Robert J. Kantor	836 Aberdeen Rd	W. Bayshore, NY 11706
Sec'y	Kevin J. Kenney	11 Broadway	Smithtown NY 11787

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-12/16/97--01036--011
****915.00 ****915.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: CORPORATION SERVICE COMPANY
	Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
	Suite, Apt. #, Etc.
	City: TALLAHASSEE — State: FL — Zip Code: 32301

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Vicki Schreiber Date 12/10/97
VICKI SCHREIBER REGISTERED AGENT MUST SIGN ASST. VICE PRESIDENT

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Robert J. Kantor 11/25/97 516-864-8203 x339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT J. KANTOR