

97-03  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000037961

1. Corporation Name

Network Marketing Agents, Inc.

2. Principal Office Address

7940 SW 167 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33157

Country

MIAMI-DADL

Zip

33157

Country

USA

FILED  
03 FEB -5 PM 1:40  
**REINSTATEMENT**  
FLORIDA

02/05/03--01041--006 \*\*1665.00

800011879648  
02/05/03--01041--006 \*\*8.75

800011879648  
02/05/03--01041--005 \*\*1665.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

65-0413477

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

MARITZA JORGE

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

7940 SW 167 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-28-03

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	MARITZA JORGE	7940 SW 167 ST	MIAMI, FL 33157

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03

Daytime Phone #

305-542-1814(c)

786-242-2700

CR2E081 (10/02)

2/10/03

January 28, 2003

To Whom It May Concern:

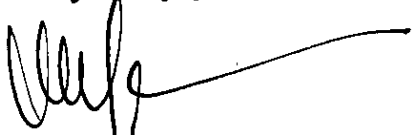
In the process of trying to move my bank account to a new bank I have become aware that my company appears as "Inactive."

It was a total surprise to me since I have to my knowledge kept up with my company's responsibilities to the letter.

I am sending in a check in the amount of \$1,665.00 which is what I was told I should have paid in the past 10 years. I do not know how this has come to pass. My company's original address was a P.O. Box in Kendall, then it was 7100 NW 12<sup>th</sup> Street, Suite 108, Miami, Florida 33126 and has now for the past 2 years been my present address of 7940 SW 167<sup>th</sup> Street, Miami, Florida 33157.

I hope this check brings my account up to date and reinstates NETWORK MARKETING AGENTS, INC. as an ACTIVE Corporation.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Maritza', with a long horizontal flourish extending to the right.

Maritza Jorge  
President