

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 10 2000 8:00 am  
Secretary of State

**DOCUMENT #** PA4033059110

**1. Corporation Name**

Network Information Solutions, Inc.

**2. Principal Office Address**

1000 West McNab Rd

Suite, Apt. #, etc.

Suite 315

City & State

Pompano Beach, FL

Zip

33304

Country

USA

**3. Mailing Office Address**

45 Wall Street

Suite, Apt. #, etc.

Suite 213

City & State

New York, NY

Zip

10005

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/08/1994

**5. FEI Number**

12-0560461

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

Jose Cid

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

1000 West McNab Rd.

Suite, Apt. #, Etc.

Suite 315

City

Pompano Beach, FL

State

FL

Zip Code

33304

**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

*Jose Cid*

REGISTERED AGENT MUST SIGN

Date *4/21/2000*

**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
Pres/ Off/Char.	Stanley Badowski	45 Wall Street, Suite 213	New York, NY 10005
CTO/ Sec.	Jose Cid	45 Wall Street, Suite 213	New York, NY 10005
Trea.	Larry Schoenfeld, Esq.	45 Wall Street, Suite 213	New York, NY 10005

**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:**

*Stanley Badowski*

Stanley Badowski, President

*4/21/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)