PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	ION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED	
DOCUMENT # P0500009487				
1. Corporation Name			98 JUL 22 AM 10: 23	
AUGNET SECURITY MITELLICENCE WOR			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
19553 New 2nd Aco Midnite				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT910-98	
2. New Principal Olfice Address, If Applicable  Suite, Apt. #, etc,	3. New Mailing Office Address, I Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Businesem Filerida	
City & State	City & State		5. FEI Number	
Zip Country		ru	6. S8.75 Additional Fee required	
			CERTIFICATE OF STATUS DESIRED A 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) Name of Officers Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip ALLCLOSITING ELCPETT 203PO ACID 33 <sup>C7</sup> Kuthani TL MILLANDE 33 656 P Commune Cherizia				
800002596898-				
			-07/23/9801082023 ***1058.75 ***1058.75	
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8. Name and Address of Current Registered Agent Name Name			9. Name and Address of New Registered Agent	
Aderesing & Frozzi				
20300 N.W. BRI COURT		Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FI. 33056				
City State Zip Code FL				
10. I, being appointed the objectered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent BEGISTERED AGENT MUST SIGN Date 7/22/98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(), F.S. The information indicated on this application is rue and accurate, and my signature shall have the same legal effect as if made under oath.				
V-+1-57/0- 182				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				

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