
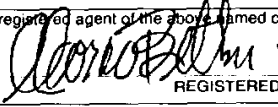



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95006097385			
1. Corporation Name MANAGEMENT NETWORK CORP.			
Principal Place of Business 145 Madeira Suite 315 CORAL GABLES FLORIDA 33134		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 145 Madeira Ave Suite, Apt. #, etc. 315		3. New Mailing Office Address, If Applicable 145 Madeira Ave Suite, Apt. #, etc. 315	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33134	Country US	Zip 33134	Country US
4. Date Incorporated or Qualified To Do Business in Florida 12-27-95		5. FEI Number 65-0796816	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Orlando Garcia	3005 SW 23th Street	Miami FL 33134
V	Marco Beltran	3005 SW 23 th Street	Miami FL 33134
8. Name and Address of Current Registered Agent Mary Divitto 30 Madeira Ave ST 1 Coral Gables Florida 33134		9. Name and Address of New Registered Agent Name Marco Beltran Street Address (P.O. Box Number is Not Acceptable) 145 Madeira Ave Suite, Apt. #, Etc. 315 City Coral Gables	
		State FL	
		Zip Code 33134	
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:  Date: 12/3/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: 		12-03-99 (305) 448-0046 Date Daytime Phone #	

FILED

99 DEC 10 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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