PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

_ :	19 C			
	RP			
RE	ISK	ΓΑΤ	EME	ΞΝΊ



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P960000461	82
DOCOMENT#	7 1600000901	8.

1. Corporation Name

City & State

HETA BUSINESS NETWORK INC.

ĦĽĔŊ

02 APR 24 AM 8:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

_1N	<i>0200</i> 000880)	
	3. Mailing Office Address	

2. Principal Office Address

Freet P.O. Box 69-55Q3

City & State MIAMI 42

400005451314--4 -05/06/02--01902--026 *****8.75

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

JEAN-BAPTISTE _ANEAUX

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

Suite, Apt. #, Etc.

City

MIAMI

****915.88 ****915.88

City / State / Zip

FL 8. I, being appointed the registered agent of the above named corporation, any familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Titles

Name of

REGISTERED AGENT MUST SIGN

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

Officers and/or Directors Officer and/or Director 174 NE 188th

Street Address of Each

901 NW 116th Street

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, E.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2002 (301)652-3536



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 28, 2002

THETA BUSINESS NETWORK, INC. 174 NE 188TH STREET MIAMI, FL 33179

SUBJECT: THETA BUSINESS NETWORK, INC.

Ref. Number: P96000046184

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The total amount due to reinstate is \$915.00.

Please attach letter requesting fee abatement.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 402A00018692