PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AP	PLICATION
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'	FOR
REIN	ISTÁTEMEN



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P97000015444

1. Corporation Name

DOCUMENT #

ABSOLUTE NETWORKS, INC.

Principal Place of Business

Mailing Address

650 17TH AVE. VERO BEACH FL 32962 650 17TH AVE.

VERO BEACH FL 32962

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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			ng Office Address, If Applicable 43rd Arenue			Date Incorporated or Qualified To Do Business in Florida Out 1007					
125 Suite, Apt. 1		725 Suite, Apt. #,				To Do Business in Florida 02/18/1997				97	
! -					. ****	5. FEI Number				Applied For	
City & State City & State			Beach, FL			65-0729488				Not Applicable	
Zip A 3	Beach FL 2968	Zip 3294	28 28	Country	,	6. CERTIFICATE	OF STATUS DESIRED			onal Fee required ficate 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		3 ;	Stre	eet Address of Each icer and/or Director		c	ity / Stat	e / Zip		
D	DUNCKLEE, TIM	`	7 62 60 U	TH US	1, SUITE-152		VERO BEACH FL	32963	32	968	
			725	430	a Avenue						
						20	000035; -01/03/0	29	15	23	
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8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
Duncklee BUNDRIEE, TIM				Name Tim Duncklee Street Address (P.O. Box Number is Not Acceptable)							
762 SOUTH U.S. 1			Street Address (P.O. Box Number is Not Accepta							į	
SUITE 152				Suite, Apt. #, Etc.							
•	BEACH FL 32963								r ~: 		
7-1-1-0	,	,			City Vero &	Beach		State	Zip Co	968	
10. I, being	appointed the registered agent of the abo	ive named corpo	ration, am f	amillar wi	th and accept the of	bligations of Section	on 607.0505, F.S.				
Signature of Registered Agent Date 12/15/00											
	Ri	GISTERED AG	ENT MUST	SIGN							
11. 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.											

12)15(00 Date

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