

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 8:53

DOCUMENT # 847090033492

1. Corporation Name

NETVENTURE TECHNOLOGIES, INC.

2. Principal Office Address

1490 S MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 13-E

City & State

WEST PALM BEACH

Zip

33415

Country

US

3. Mailing Office Address

1490 S MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 13-E

City & State

WEST PALM BEACH

Zip

33415

Country

US

700062478897
12/29/05--01055--003 **900.00
REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1997

5. FEI Number

650746771

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

JAMES R DEVRIES

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

1490 S MILITARY TRAIL

Suite, Apt. #, Etc.

SUITE 13-E

City

WEST PALM BEACH

State

FL

Zip Code

33415

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

REGISTERED AGENT MUST SIGN

Date 12/27/05

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
P/V/D	JAMES R DEVRIES	1490 S MILITARY TRAIL SUITE 13-E	WEST PALM BEACH FL, 33415
T/S	NATASHA A DEVRIES	1490 S MILITARY TRAIL SUITE 13-E	WEST PALM BEACH FL, 33415

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/05

Date

561-301-6666

Daytime Phone #

12/28/05