

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97800084219**

1. Corporation Name

NETWORK PROPERTIES, INC.

2. Principal Office Address

1011 E. HILLS BORO BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

Zip

33441

Country

U.S.A.

Zip

Country

300041441653

09/29/04--01034--005 **1500.00

4. Date Incorporated or Qualified
To Do Business in Florida

9.29.1997

5. FEI Number

650799610

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

JULIO LEONARDO

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

1011 E. HILLS BORO BLVD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State
FL

Zip Code

33441

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

Julio Leonardo

REGISTERED AGENT MUST SIGN

Date **6-1-04**

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
PRES	JULIO LEONARDO	1011 E. HILLS BORO BLVD	DEERFIELD BEACH FLORIDA 33441
TREASURER			

REINSTATEMENT 99-04

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)(l), 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:

Julio Leonardo

JULIO LEONARDO

6-1-04

Date

(954) 650-7522

Daytime Phone #

CR2E081 (9/00)