

UNIFORM BUSINESS REPORT (UBR)

05-28-2002 91702 039 ***150.00
 FILED P97000087996

DOCUMENT # P97000087996
 1. Entity Name
NETWORK MAKEUP SERVICES INC.

02 JUL 26 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

700006850927-5
 -08/01/02--01037--003
 ***150.00 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O 414 TURNER STREET C/O 414 TURNER STREET
 CLEARWATER FL 33756 CLEARWATER FL 33756

See Attached letter for

2. Principal Place of Business 3. Mailing Address
new address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3470889** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WELCH, JODI M
333 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
See Attached
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JODI M C/O 414 TURNER STREET CLEARWATER FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See attached letter for</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>new address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jodi Welch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 *27937459*
 Date Daytime Phone #

CR2E034 (10/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

Attachment

DOCUMENT #

1. Corporation Name

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3470889

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

Welch, Jodi M

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

5394 Karlsburg Place

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code

34685

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

Jodi Welch
REGISTERED AGENT MUST SIGN

Date *7/9/02*

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

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: *Jodi Welch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/9/02*

Daytime Phone # *7279574096*

Attachment

Network Make up Services Inc.
Jodi Welch
5336 Karlsburg Place
Palm Harbor FL 34685
727-937-4096

~~Handwritten scribble~~

Florida Department of State
Sean Toner
Senior Section Administrator

Dear Mr. Toner,

I received this letter through my accountant last week. I was shocked to find out that my corporation has been dissolved, as to my knowledge all payments had been made. I had no idea the payment for 2001 was not received by your office.

I never received anything letting me know there had been an error made. I have always paid this fee on time. I would never neglect to pay the fee intentionally.

I do not know if I did not receive information due to an address change. I do not want to dissolve my corporation, nor did I ever.

The reinstatement fees would cause great financial distress at this time. I am trying to keep a float in tough economic times. And I assure you this was a mix up. I will send the payments priority return receipt from now on. I am sending the fee for 2001 as it was not received please except this and reinstate my corporation. If this is not possible I will have no choice but to let the corporation dissolve and I will have to start over. I would also ask that the fee that was paid be sent back to me. I hope that this can be resolved.

If there are any questions or anything I can do to clear this matter up please contact me.

Sincerely,

Jodi Welch