

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P98000047485

1. Corporation Name

NETWORK OPERATIONS CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3912 S OCEAN BLVD APT 1114
HIGHLAND BEACH FL 33487

Mailing Address

3912 S OCEAN BLVD APT 1114
HIGHLAND BEACH FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1998

5. FEI Number 65-0897175

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Joseph J. DiBenedetto	3912 S. Ocean Blvd. #1114	Highland Beach, FL 33487
Vice President	Roseanne DiBenedetto	3912 S. Ocean Blvd #1114	Highland Beach, FL 33487
Sec.	Roseanne DiBenedetto	3912 South Ocean Blvd #1114	Highland Beach, FL 33487
			600003130226--2 -02/09/00--01099--030 ****750.00 ****750.00
			600003130226--2 -02/09/00--01099--031 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

STRELITZ, HERBERT G

1098 NW BOCA RATON BLVD STE 1761 W. Hillsboro Blvd.
BOCA RATON FL 33432Suite 201
Deerfield Beach, FL 33442

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003130226--2

-02/09/00--01099--034

*****75 *****75

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered AgentHERBERT G. STRELITZ
REGISTERED AGENT MUST SIGN

Date 12/10/99

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. DiBENEDETTO

12/3/99
Date561-272-5880
Daytime Phone #