PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ENT OF STATE APPLIGA FILED OF CORPORATIONS 99 OCT 27 PM 12: 08 P98000066064 **DOCUMENT#** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MPX NETWORK SOLUTIONS INC Principal Place of Business Mailing Address 6680 BEECH RESORT DR., UNIT 13 6680 BEECH RESORT DR., UNIT 13 NAPLES FL 34114 NAPLES FL 34114 09/22/99 90001 025 4 150 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 07/27/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3537<u>07</u>5 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors 6680 Beach Resert DR #13 Naples FL 34 400003035864---11/05/99--01012--010 ****400.00 ****400.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GRISAFI, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 6680 BEECH RESORT DR., UNIT 13 NAPLES FL 34114 Sulte, Apt. #, Etc. City Zip Code State 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 Agent Date REGISTERED AGENT 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 filling 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. 941-732-9489 10-22-99 ICER OR DIRECTOR

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