

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT -3 AM 9:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

00-01-02-03 UBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027611

1. Corporation Name

Fast Networks, Inc.

7103000017662

2. Principal Office Address

12618 N.W. 23 St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650967607

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

Martin Mohr

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

12618 N.W. 23 St.

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33028

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/1/03

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

President Martin Mohr

12618 NW 23 St
Pembroke Pines, FL

Pembroke Pines, FL 33028

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

Date

7/1/03

Daytime Phone #

CR2E081 (10/02)

FAST NETWORKS, INC.
12618 N.W. 23RD STREET
PEMBROKE PINES, FL 33028
(954) 447-9606

July 2, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

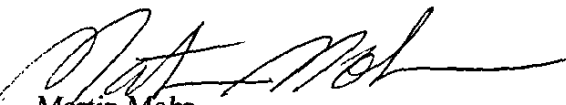
To Whom It May Concern:

We never received any Annual report/uniform business form for 2002 or thereafter.

We respectfully request abatement of all charges except the \$600.00 fee, which is enclosed.

Thank you for your cooperation

Sincerely,


Martin Mohr
President