

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000039326

1. Corporation Name

One Source Network, Inc.

2. Principal Office Address - No P.O. Box #

11441 SW 64th St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33173

Country

USA

3. Mailing Office Address

11441 SW 64th St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33173

Country

USA

7. Name and Address of Current Registered Agent

Name

Denise Gonzalez

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

11441 SW 64th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date April 19, 2010

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
D	Denise Gonzalez	11441 SW 64th street	Miami FL 33173

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Denise Gonzalez

April 19, 2010 786-363141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR 23 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400177296884
04/23/10--01033--017 **1650.00

REINSTATEMENT 04-10

4. Date Incorporated or Qualified
To Do Business in Florida 04/30/1999

5. FEI Number

650914939

Applied For

Not Applicable

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4/26/10