

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATION

03 JUL 18 AM 8:31

DOCUMENT # P990000 46968

1. Corporation Name

PROXY NETWORK, INC.

2. Principal Office Address

3806 NW 84 AVE

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-24-99

5. FEI Number

651056085

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

ANTHONY PENNA

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

3806 NW 84 AVE

700021649897

07/18/03--01085--005 **200 00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

7/14/03

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
P	ANTHONY PENNA	3806 NW 84 AVE	CORAL SPRINGS, FL 33065

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

7/14/03

Daytime Phone #

954-234-8670

CR2E081 (10/02)

Proxy Network, Inc.
Anthony Pena
3806 North West 84 Avenue
Coral Springs, Florida 33065
954-757-8670
antpena@bellsouth.net

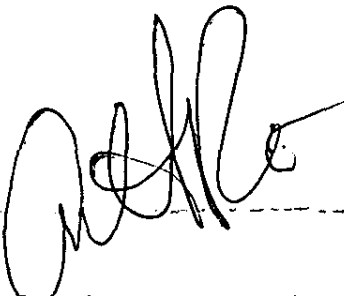
To:

Department of State
Division of Corporations
P.O. Box 6372
Tallahassee, Florida 32314

To who, it may concern,

Thank you for taking the time to read this letter. I am writing to appeal for a Fee Waiver for my 2002 - 2003 reinstatement charge. I've recently tried to apply for a fictitious name for my company and discovered that my primary company name (Proxy Network, Inc.) was inactive. With a little research I found that I did not receive the uniform business report corporate annual report notices in the mail. I don't know why but I did not receive them in the mail.

I am asking for a Fee Waiver for this reason. I have enclosed \$300 (\$150 for 2002 and \$150 for 2003), which pays for the Annual Report Fees and the Corporate Supplemental Fees.

A handwritten signature in black ink, appearing to read 'Anthony Pena', is written over a horizontal dashed line.

Thank you very much for your help.
Anthony Pena