

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 13 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052705

1. Corporation Name

NETVEST CAPITAL, INC.

Principal Place of Business

Mailing Address

9355 S.W. 98TH STREET  
MIAMI FL 33176

9355 S.W. 98TH STREET  
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

22290 SW 162nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Groves FL

Zip

Country

Zip

Country

33170

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1999

5. FEI Number

65-0933797

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
PD	COSTA, EDUARDO	9355 S.W. 98 STREET	MIAMI FL 33176
VPSD	COSTA, JOSE A III	9355 S.W. 98 STREET	MIAMI FL 33176

100018813241  
05/12/03--01113--005 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAZOZA COMAS DE TORRES & FERNANDEZ-FRAGA  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Eduardo Costa*  
REGISTERED AGENT MUST SIGN

Date

3/20/03

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

*Netvest Capital Partners, Inc.*  
22290 SW 162<sup>nd</sup> Ave  
Goulds, FL 33170

Florida Department of State  
Annual Report  
PO Box 6327  
Tallahassee, FL 32314

Document # P99000052705  
Netvest Capital Inc.

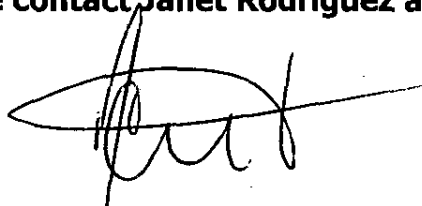
To Whom It May Concern:

Enclosed you will find the past due payment of \$150.00. Also we are submitting this request as a petition for reinstatement.

As you will notice on our enclosed filing our address has changed. As your letter states there should have been 2 notices mailed out before the revocation went into affect. We did not receive either of the two nor have we received the 2003 payment notice.

If we need to take any further action or submit additional paper work for reinstatement please contact Janet Rodriguez at 800-327-7074 Ext 208.

Thank you,



Jose Costa

Vice President  
Netvest Capital Partners, Inc.