t	PLEASE REA	AD ALL INS	TRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	Jack Jack
APF	PLICATION FOR	FLORII	DA DEPARTMEN Sandra B. Mort Secretary of S	tham		in in the deservation	reference
DIVISION OF CORPORATIONS					-	FILED	
DOCUMENT # P99000065811						— <del>-</del>	, ,
1. Corporation Name NET-PEOPLE, INC.					01 DEC -3 PM 12: 11		
						SECRETARY OF STATALLAHASSEE, FLOR	TE IDA
Principal Place of Business Mailing Address							
1581 Brickell Avenue Unit No. 201 Miami, Florida 33129 Miami, Florida 33129							
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					DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			7/26/1	999 X Applied For
City & State	)	City & State	City & State				Not Applicable
Zip	Country	Zip	Zip Country		6. CERTIFICATE		dditional Fee required Certificate of Status
7. Names a	and Street Addresses of Each Office	r and/or Director (F	lorida nonprofit corpora	tions must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors 3 (Do N				eet Address of Each ficer and/or Director se Post Office Box I	•	City / State /	Zip
D ADRIAN GALDO			1581 Brid	ckēll Avenu	ıe, #201	Miami, Florida	33129
D IDATE CADO							
		166-0			1	00047175 -12/10/01011 ****150.00 *	<b>616</b> 16017 ***150.00
. 5							
				7	0 N		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent  (66 (9) (9) (P.O. Box Number is Not Acceptable)		
ADRIAN GALDO 1581 Brickell Avenue Street Ad					ress (P.O. Box Number is Not Acceptable)		
Unit No. 201 Miami, Florida 33129					ite, Apt. #, Etc.		
City							ip Code
10. I, being	appointed the registered agent of the	e above named co			bligations of Secti	on 607.0505, F.S.	
Signature o Registered	AgentSIGN	ATUR REGISTERED	E REQU	JIRED		Date 11 27/0/	
	this corporation is a no				npt status,	check this box 🔲 a	(See other side for dditional information.)
12. Do De	pes this corporation page opt. of Revenue under	ay any intar r S. 199.032	ngible tax to th 2, Florida Stat	ne utes. Yes	☐ No 🗵	(See other side fo	r information e tax.)
lease the certify the certify the certify the certify the certify the certify the certification and certification are certification.	/1	liability of non-com receiver or trustee or dissolution has be aid. The information	pliance with Section 11 empowered to execute een eliminated, the corn indicated on this appl	9.07(3)(k) in the event of this application as porate name satisfication is true and	ent that the inform provided for in cles es the requirement	ation supplied is deemed exempt hapter 607 or 617, F.S. I further c nts of section 607.0401 or 617.04	from public access. I ertify that when filing 01, F.S., and that all
SIGNAT	iure: /SIGNA	ature	: REQU	IRED		11/27/01 (303)3	801-2768

Antonio E. Alonso

FIRST UNION BANK OF CORAL WAY 1699 CORAL WAY, SUITE 315 MIAMI, FLORIDA 33145

November 29, 2001

100 PH

Fax: (305) 856-1959

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE:

TELEPHONE:

(305) 858-7452

Net-People, Inc.

Dear Sir or Madam:

Please be advised that our client did not receive the annual report for the above corporation.

Enclosed please find the application for reinstatement and a check in the amount of \$150.00.

If you have any questions, please feel free to contact our office.

Very truly yours,

ANTONIO E. ALONSO, ESQ

AEA/og

4

Enclosures