

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000075774**

1. Corporation Name

NETX CONSULTING, INC.

Principal Place of Business

Mailing Address

5901 SW 74TH ST.
SUITE 411
MIAMI FL 33143

5901 SW 74TH ST.
SUITE 411
MIAMI FL 33143

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1999

5. FEI Number

65-0943817

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
P	FRANTANTONI, PHILIP	5901 SW 74 STREET	MIAMI FL 33143

200026603248
01/09/04--01038--018 **211.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANTANTONI, PHILIP
9113 SW 72 AVE
APT. D-3
MIAMI FL 33156

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

PHILIP FRANTANTONI

Date

1/5/2004

REGISTERED AGENT MUST SIGN

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:

PHILIP FRANTANTONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

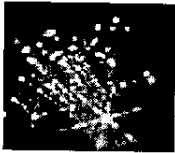
Date

1/5/2004

Daytime Phone #

305-662-2900

CR2E040 (7/03)



NETX CONSULTING

Information Technology Solutions

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

To Whom It May Concern:

I am sending this letter, along with a check, to advise that I did not receive my 2003 Uniform Business Report form. I received a notice of Administrative Dissolution of Revocation just last week.

I was instructed from your department to include a check for a total \$211.25 to have my corporation reinstated.

Thank you very much for your direction and help,

Philip Frantantoni

President - NetX Consulting, Inc.