

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 2:33

DOCUMENT # P99000086430

1. Corporation Name

NETSPOT, INC.

2. Principal Office Address

940 LICOLN ROAD

Suite, Apt. #, etc.

#204

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/27/1999

5. FEI Number

65-0954419

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

KENT O. AGUERO

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

1050 JEFFERSON AVENUE

Suite, Apt. #, Etc.

#3

City

MIAMI BEACH,

State
FL

Zip Code
33139

100003496541-7

12/12/00-01025-026

****750.00 ****750.00

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

K-O S...
REGISTERED AGENT MUST SIGN

Date 11-13-00

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	KENT O. AGUERO	1050 JEFFERSON AVE #3	MIAMI BEACH, FL 33139

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:

K-O S...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-00

Date

305-695-1990

Daytime Phone #

CR2081 (9/99)