

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

RECEIVED
AND
FILED
02 MAR 25 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S12865

1. Corporation Name
NursesNetwork.com, Inc.

2. Principal Office Address
4543 Gleneagle Drive

3. Mailing Office Address
4543 Gleneagles Drive

Suite, Apt. #, etc.

City & State
Boynton Beach FL

Zip Country
33436 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/90

5. FEI Number 65-0238935
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001-2002

7. Name and Address of Current Registered Agent

Name
Richert, Kenneth W. Jr.
Street Address (P.O. Box Number is Not Acceptable)
4543 Gleneagles Drive
Suite, Apt. #, Etc.
City
Boynton Beach
State
FL
Zip Code
33436

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***908.75 ***908.75

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 Kenneth W. Richert Date 3/21/02
REGISTERED AGENT MUST SIGN

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
DP	Richert, Kenneth W. Jr.	4543 Gleneagles Drive	Boynton Beach, FL 33436

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: Kenneth W. Richert Date 3/21/02 Daytime Phone # 561-953-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (9/01)