

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY 24 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **512865**

1. Corporation Name

NURSES NETWORK.COM, INC.

2. Principal Office Address - No P.O. Box #
19495 Biscayne Boulevard

3. Mailing Office Address
19495 Biscayne Boulevard

Suite, Apt. #, etc.
Suite 705

Suite, Apt. #, etc.
Suite 705

City & State
Aventura, FL

City & State
Aventura, FL

Zip Country
33180 Miami Dade

Zip Country
33180 Miami Dade

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **11/13/1990**

5. FEI Number **650238935**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Brian Goldenberg

Street Address (P.O. Box Number is Not Acceptable)
19495 Biscayne Boulevard

Suite, Apt. #, Etc.
Suite 705

City
Aventura, FL

State Zip Code
FL 33180

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date **5/9/2007**

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
D	Brian Goldenberg	19495 Biscayne Boulevard Suite 705	Aventura, FL 33180

500103124165
05/23/07--01045--006 **1350.00

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 contained in Chapter 119, 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]

Brian Goldenberg

5/9/2007

305-937-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7C 6/5