

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 19 AM 9: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J46477**

1. Corporation Name  
**NETWORK SOUTH, INC.**

Principal Place of Business  
C/O NELSON L. JOHNSON  
1965 LORDUN TRAIL WEST  
JACKSONVILLE FL 32207

Mailing Address  
C/O NELSON L. JOHNSON  
1965 LORDUN TRAIL WEST  
JACKSONVILLE FL 32207



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		4. Date Incorporated or Qualified To Do Business in Florida <b>12/09/1986</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2751960</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>5875</b> 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHNSON, NELSON	1965 LORDUN TERRACE WEST	JACKSONVILLE FL 32207

700002037147-5  
-12/24/96--0111--007  
\*\*\*375.00 \*\*\*375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
JOHNSON, NELSON L : 1965 LORDUN TERRACE WEST JACKSONVILLE FL 32207		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State <b>FL</b>	Zip Code	

10. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Nelson L. Johnson Date: 12/12/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(b), 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: Nelson L. Johnson Date: 12/12/96 Daytime Phone #: (904) 396-8010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)