

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000033684**

1. Corporation Name

**NEWSPAPER PUBLISHERS, INC.**

01 MAY 25 PM 3:39

*P900*

Principal Place of Business

Mailing Address

12788 FOREST HILL BLVD  
STE 1003  
WELLINGTON FL 33414

1004 ISLAND MANOR DR.  
WEST PALM BEACH FL 33413



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

Date Incorporated or Qualified  
To Do Business in Florida

04/13/1998

5. FEI Number

65-0835271

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MANNING, BARRY	12788 FORESTHILL BLVD STE 1003	WELLINGTON FL 33414
P	MANNING PHYLLIS	12788 FOREST HILL BLVD STE 1003	WELLINGTON FL 33414
S	MANNING JOSHUA	12788 FOREST HILL BLVD STE 1003	WELLINGTON, FL 33414
			300004425819--3 -06/18/01--01158--004 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

MANNING, PHYLLIS  
1004 ISLAND MANOR DR.  
WEST PALM BEACH FL 33413

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*Phyllis Manning*  
**PHYSICIAN REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

5/24/01

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:

*Phyllis Manning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

561-793-7606

Daytime Phone #

CR2E040 (8/00)