

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

10 MAY 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000005019

1. Corporation Name

NETWORK F.O.B., INC.

REINSTATEMENT

08-10

800181436878
05/27/10--01048--014 **450 00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #
2980 Commers Drive3. Mailing Office Address
2980 Commers DriveSuite, Apt. #, etc.
850Suite, Apt. #, etc.
850City & State
Eagen, MinnesotaCity & State
Eagen, MinnesotaZip
55121Country
USAZip
55121Country
USA4. Date Incorporated or Qualified
To Do Business in Florida July 31, 20065. FEI Number
41-1918032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐18.75. Addition of new members
to the corporation.

7. Name and Address of Current Registered Agent

Name
Timothy TaylorStreet Address (P.O. Box Number is Not Acceptable)
991 8th Street South

Suite, Apt. #, Etc.

City
NaplesState
FLZip Code
34102

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Date 5/10/10

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
CHRM	Timothy Taylor	991 8th Street South	Naples, Florida 34102
PST	Timothy Taylor	991 8th Street South	Naples, Florida 34102

25/28

10. E-mail Address: mrodriguez@cl-law.com

(To be used for future annual report notification)

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. I further certify, 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:

Timothy G. Taylor President

Date

Daytime Phone #

5/10/10 239-877-6898