PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris PILED CEGRETARY OF STAIL CASION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS F9300 0000 804 (5) DOCUMENT # 99 OCT 28 PM 4: 40 NETWORK PUBLISHING SERVICES, INC Principal Place of Business Mailing Address 7257 NW 4th Bld. Suite 130 Gamesville, FL 32607 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 Ant #. etc Suite Apt. #, etc. Applied For 54-1445614 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip BARTER, THEOPORE E, 7357 NW 444 BIND, SILLE 130 GOLLES CHEEFEL 32607 **€**P BARTEK, NARSHA 7257 NW 444 Blid, Slick BO Gomes 0,16, FC 32607 6<del>00003035466--0</del> -11/04/99--01085--004 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BAPTEK, TIE, Street Address (P.O. Box Number is Not Acceptable) 7257 NW 44 Bld, Suk 130 Suite, Apt. #, Etc. GAINTSUIL, FL 32607 State Zip Code 10 | being appointed the registered agent of the above rained corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 10-21-99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No 12 Intangible Personal Property Tax due June 30. 12 Learlify that Lam 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 filling 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. 325-331-SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR