

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000804

1. Corporation Name

Network Publishing Services, Inc.

W08-52020

REINSTATEMENT

06-08^{KS}

2. Principal Office Address - No P.O. Box #

2603 NW 13th Street

3. Mailing Office Address

2603 NW 13th Street

Suite, Apt. #, etc.

340

Suite, Apt. #, etc.

340

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32609

Country

USA

Zip

32609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January, 1993

5. FEL Number

541445614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Theodore Bartek

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

2603 NW 13th Street

Suite, Apt. #, Etc.

340

City

Gainesville

State

FL

Zip Code

32609

☒ 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

Theodore Bartek

REGISTERED AGENT MUST SIGN

Date 11-11-08

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
Pres	Theodore Bartek	2603 NW 13th St. #340	Gainesville, FL 32609

700137684797
11/13/08--01013--005 **300.00

700138256447
11/25/08--01015--001 **150.00

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:

Theodore Bartek, Pres. (Theodore Bartek)

Date

11-11-08

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-283

8116