

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -2 AM 11:59

DOCUMENT # F98000001762

1. Corporation Name

Nation Builders Network, Inc.

2. Principal Office Address

4420 Edgewater Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804-1216

Country

USA

3. Mailing Office Address

PO BOX 917361

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32791

Country

USA

500032249905

04/09/04--01011--024 **306.25

**4. Date Incorporated or Qualified
To Do Business in Florida 3/27/98**

5. FEI Number
73-1144612

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

MICHAEL BOUDEAIRE

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

101 Southall Lane

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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**

Date

3/20/04

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
Pres	Carlisle Peterson	5409 Endicott Pl	Oviedo FL 32710
V P	Michael Boudeaire	4504 Willa Creek Dr, suite 211	Winter Springs FL 32708
D	Arlin L. Best	1003 Dustin Dr	Edmond, OK

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 under section 119.07(3)(f), 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:

M. BOUDEAIRE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/04

Daytime Phone #

(407) 463-7559

CR2001 (01/04)