

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 DEC -4 PM 5:38

187
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000001085

1. Corporation Name

THE NETWORK OF YOUNG PROFESSIONALS, INC.

2. Principal Office Address

200 W. COLLEGE AVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip
32301-7710

Country
US

3. Mailing Office Address

200 W. COLLEGE AVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip
32301-7710

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/02/2004

5. EEL Number

71-0996490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOHANNA WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
215 E. PERSHING ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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

Johanna Williams
REGISTERED AGENT MUST SIGN

Date 11/30/2006

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
D	MELISSA HAYES	2016 DELTA BLVD, STE 201	TALLAHASSEE, FL 32303
D	SEAN KOPP	200 W. COLLEGE AVE	TALLAHASSEE, FL 32301
D	JOHANNA WILLIAMS	215 E. PERSHING ST.	TALLAHASSEE, FL 32301

REINSTATEMENT *06 DSC*

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:

Sean Kopp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Sean Kopp, Director

11/29/2006

(850) 422-2524

Date

Daytime Phone #

292

Via: USPS

November 29, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Re: Reinstatement Document No. N04000001085
The Network of Young Professionals, Inc.**

Dear Sir or Madam:

Enclosed is our reinstatement application for the referenced non-profit corporation.
Please note we are certifying we **did not** receive "prior notices" for ~~reinstatement~~ *annual report*.
Therefore the \$175.00 reinstatement fee is to be waived.

We have enclosed the following fees:

2006 filing fee	\$ 61.25
Certificate of status	<u>8.75</u>
Payment enclosed	<u>\$ 70.00</u>

We trust you will find everything in order. Thank you for your kind assistance.

Sincerely,


Sean Kopp,
Director

Document corrected per Konella Myers - DSC