

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001085

FILED
Jan 16, 2008
Secretary of State

Entity Name: THE NETWORK OF YOUNG PROFESSIONALS, INC.

Current Principal Place of Business:

200 W COLLEGE AVE
TALLAHASSEE, FL 323017710 US

New Principal Place of Business:

774 BROOKE MANOR DR.
TALLAHASSEE, FL 32311 US

Current Mailing Address:

200 W COLLEGE AVE
TALLAHASSEE, FL 323017710 US

New Mailing Address:

774 BROOKE MANOR DR.
TALLAHASSEE, FL 32311 US

FEI Number: 71-0996490 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JOHANNA
215 E PERSHING ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHANNA WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYES, MELISSA
Address: 2016 DELTA BLVD, STE 201
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Delete
Name: KOPP, SEAN
Address: 200 W COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 323017710 US

Title: D () Delete
Name: WILLIAMS, JOHANNA
Address: 215 E PERSHING ST
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OTT, THOMAS I MR.
Address: 774 BROOKE MANOR DR.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS OTT

MR

01/16/2008

Electronic Signature of Signing Officer or Director

Date