

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000004824

FILED
Oct 07, 2008
Secretary of State

Entity Name: BUSINESS NETLINK, INC.

Current Principal Place of Business:

6904 W FAIRFIELD DR.
PENSACOLA, FL 32506 US

New Principal Place of Business:

3895 WINONA DR
PENSACOLA, FL 32504 US

Current Mailing Address:

6904 W FAIRFIELD DR.
PENSACOLA, FL 32506 US

New Mailing Address:

3895 WINONA DR
PENSACOLA, FL 32504 US

FEI Number: 75-2666183 **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:

Name and Address of New Registered Agent:

VANAMAN, WAYNE
6904 W FAIRFIELD DR
PENSACOLA, FL 32506 US

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: WAYNE VANAMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ODOM, PATRICIA
Address: 3895 WINONA DR
City-St-Zip: PENSACOLA, FL 32504

Title: VP (X) Delete
Name: BLACKWELL, CHARLES
Address: 245 W AIRPORT BLVD. STE. A
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: D'ANDREA, NETTA
Address: 4515 MARTHA
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: ROJAS, KATIE
Address: 1820 E JORDAN
City-St-Zip: PENSACOLA, FL 32503

Title: P () Delete
Name: VANAMAN, WAYNE
Address: 6904 W FAIRFIELD DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change () Addition
Name: VANAMAN, WAYNE
Address: 6904 W FAIRFIELD DR.
City-St-Zip: PENSACOLA, FL 32507

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: JAMES C MORRISON

ACCT

10/07/2008

Electronic Signature of Signing Officer or Director

Date