

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

10 SEP 21 PM 1:45

KS

DOCUMENT # N96000004824

1. Corporation Name

BUSINESS NETLINK, INC.

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

4471 LA MIRAGE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

32504

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1996

5. FEI Number

752666183

☐ 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

DAVID BOKANYI

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

4471 LA MIRAGE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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

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
P	DAVID BOKANYI	4471 LA MIRAGE	PENSACOLA, FL 32504
VP	ROBERT HAWKINS	4633 WHISPER WAY	PENSACOLA, FL 32504
2VP	JOHN WERNER	4095 BARRANCAS AVE	PENSACOLA, FL 32507
T	RICHARD CANTIN	913 GULF BREEZE PKY	GULF BREEZE, FL 32561
S	RANDY TYSON	8257 BANBERRY RD	PENSACOLA, FL 32514

10. E-mail Address: RHCCPA@BELLSOUTH.NET

(To be used for future annual report notification)

11. 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. I further certify, 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:

David Bokanyi

09-14-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #