

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 13 PM 12:45

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

01-03

DOCUMENT # P00000035222

1. Corporation Name

NETWORK marketplace

2. Principal Office Address

80 So. Orlando Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 793

Suite, Apt. #, etc.

City & State

COLOE BEACH, FL

Zip

32931

Country

USA

City & State

CAPE CANAVERAL FL

Zip

32920

Country

USA

800018816248

05/13/03--01008--002 \*\*458.75

4. Date Incorporated or Qualified  
To Do Business in Florida

4-3-2000

5. FEI Number

☒ 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

SALLY SUE PHILLIPS

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

411 Adams Ave (home)

Suite, Apt. #, Etc.

City

CAPE CANAVERAL, FL 32920

State

FL

Zip Code

32920

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

Sally Sue Phillips

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	SALLY - PHILLIPS	411 Adams Ave.	CAPE CAN, FL 32920
S			
T			
D			

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)(i), 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:

Sally Sue Phillips

SALLY SUE PHILLIPS

Date

4/9/2003

Daytime Phone #

(321)

784-

2438

5/12

April 9, 2003

2/2

To Whom it may Concern,

Please be advised that I did not receive  
your 1<sup>st</sup> or 2<sup>nd</sup> notice in 2001.

The gentleman I shared a stove with  
is from Thailand, does not speak English  
well — and did not relate to me if  
I had gotten mail. Consequently, I  
had been a passenger & was hit head-on —  
"short term memory loss 3 years"

Please consider waiving the penalty.

Thank you

Business Address:  
80 So. Orlando Ave  
Cocoa Beach, FL

Sally Phelan  
411 Adams Ave  
Cape Canaveral, FL  
32920

(321) 784-2438

PO Box 793  
Cape Canaveral, FL