

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV -3 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102127

1. Corporation Name

NETWORK PROFESSIONALS INTERNATIONAL
INC

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

3. Mailing Office Address

10133 CARAWAY SPIKE AVE

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

RIVERVIEW, FL

City & State

Zip

33578

Country

HILLSBOROUGH

Zip

Country

100187407291
11/03/10--01026--003 **750.00

REINSTATEMENT ID

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

41-1710175

☐ 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

DANIEL DOODY

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

10133 CARAWAY SPIKE AVE.

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33578

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

Daniel Doody

REGISTERED AGENT MUST SIGN

Date NOV. 1, 2010

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
PRES	DANIEL DOODY	10133 CARAWAY SPIKE AVE	RIVERVIEW, FL 33578
ST	GLENN PALMER	10133 CARAWAY SPIKE AVE	RIVERVIEW, FL 33578

10. E-mail Address: DAN @ NPI FLORIDA . COM

(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:

Daniel Doody, DANIEL DOODY

Nov. 1, 2010

813-480-5901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #