

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 20 AM 8:00

DOCUMENT # P01000016605

1. Corporation Name

FLORIDA NETWORK SERVICES CORPORATION

2. Principal Office Address

5331 SELTON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

5331 SELTON AVENUE

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE, FL

City &amp; State

JACKSONVILLE, FL

Zip

32277

Country

USA

Zip

32277

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/01

5. FEI Number

59-3706077

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

VICKI M. CANNELLA

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

5331 SELTON AVENUE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State  
FLZip Code  
32277

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

Vicki M. Cannella

Date 8-19-03

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
PD	VICKI M. CANNELLA	5331 SELTON AVENUE	JACKSONVILLE, FL 32277
VP	RONALD D. CANNELLA	5331 SELTON AVENUE	JACKSONVILLE, FL 32277

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:

Vicki M. Cannella

VICKI M. CANNELLA

8/19/03

904-241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (10/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

August 19, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

-Re: Profit Corporation Annual Report  
Document P01000016605-Florida Network Services Corporation

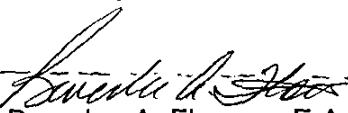
Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00 for the 2003 period.

Ms. Cannella, President of the above Corporation, did not receive her report for this registration period. Upon completion of her tax interview today, it was determined through your website that her report had not been filed. We promptly prepared this for her.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

  
Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report  
Check # 623