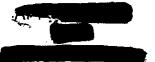
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

NETWORK MANAGERS, INC.

| rincipal Place of Business | | Mailing A |
|----------------------------|--|-----------|
| rincipal Place of Business | | Mailing |

1834 DEER RUN TRAIL JACKUPNVILLE FL 32246 ddress

1834 DEER RUN TRAIL JACKSONVILLE FL 32246



FILED

03 JAN -2 AM 9: 40

SECRETARY OF STATE TALLAHASSEE, FLOPEL

| | addresses are incorrect in any way, line t incipal Office Address, If Applicable | | rmation and enter of | | 4. Data lacer | perstad or Qualified | | | |
|---|---|--|------------------------------------|----------------------------------|---|--|--------------------|---|--|
| 2. New Principal Office Address, if Applicable 3. New | | J. New Maining | ming Office Address, if Applicable | | Date Incorporated or Qualified To Do Business in Florida 05/07/2001 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, City & State City & State | | Suite, Apt. #, et | etc. | | Ten 2 2 2 2 2 | | | Applied For | |
| | | City & State | | | | | | Not Applicable | |
| Zip | Country | Zip | Country | , | 6. CERTIFICAT | E OF STATUS DESIRED | \$8.75 Addit | ional Fee required ificate of Status | |
| 7. Names | and Street Addresses of Each Officer ar | nd/or Director (Florid | a nonprofit corpora | tions must list at le | east 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors | | Street A Officer | | | 4 | City / State / Zip | ate / Zip | |
| P | STEPHEN G. J. | CHAISTAA | 1834 De | er Runi | TRAIL | JACKSO | NY/LLE | Fc 3225 | |
| | 0.00.00 | 7,103,1070 | | | | | , | | |
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| | | | | | 7717 |) 1000:97: | 81907 | | |
| | | | | | 01/02 | 100097: 703-01025- | <u>-005 **15</u> | 0.00 | |
| | | | | | | - | | | |
| | - | | _ ~ . | | | i porte i porte i i i i i | يد مين د د مشيد | | |
| | 8. Name and Address of Current Registered Agent Name | | | | 9. Name and Address of New Registered Agent | | | | |
| | | SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA | | | ν/μ | | | | |
| SMITH | HULSEY & BUSEY, PROFESSION | NAL ASSOCIA | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SMITT TION | HULSEY & BUSEY, PROFESSION | NAL ASSOCIA | | Street Address | (P.O. Box Numbe | r is Not Acceptable) | | | |
| TION 225 V | H HULSEY & BUSEY, PROFESSION VATER ST STE 1800 SONVILLE FL 32202 | NAL ASSOCIA | | Street Address Suite, Apt. #, Et | | r is Not Acceptable) | | | |

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

SIGNATURE:

Signature of Registered Age

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. I certify that I m an officer or director or the receiver or trustee empowered to execute this application as provided for in chapte

r 617, F.S. I further certify

2012

Network Managers, Inc. P.O. Box 332432 Atlantic Beach, FL 32233 (904) 728-3008 steve436@bellsouth.net December 7, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Reference: Network Managers, Inc. - Document # P01000047107

Dear Sirs:

Please reinstate the above corporation. It mail was misplace and I did not receive the information in a timely manner. Enclose is my check number 1075 for \$150.00.

Thank you for your time in this matter.

Sincerely,

Stephen G. Johnston

President