

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

2002-1-13 BR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047107

1. Corporation Name

NETWORK MANAGERS, INC.

Principal Place of Business

1834 DEER RUN TRAIL
JACKSONVILLE FL 32246

Mailing Address

1834 DEER RUN TRAIL
JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2001

5. FEI Number

593721723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STEPHEN G. JOHNSTON	1834 DEER RUN TRAIL	JACKSONVILLE, FL 32246

700009781907
01/02/03--01025--005 **150.00

8. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
TION
225 WATER ST STE 1800
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Stephen G. Johnston, President
Date 12/13/02
REGISTERED AGENT MUST SIGN
Hulsey & Bussey

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 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:

SIGNATURE REQUIRED
Stephen G. Johnston President
Date 12/13/02
Daytime Phone # (904) 728-3005

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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