

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

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

Suite, Apt. #, etc.

2801 DOWN RD.

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/2001

5. FEI Number

59-3721723

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)

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

200024178612  
10/27/03--01118--006 \*\*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

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEPHEN G. Johnston

Date

10/27/03 (904) 509-7607

Daytime Phone #

CR2E040 (7/03)

Network Managers, Inc.  
2801 Dawn Rd.  
Jacksonville, FL 32207  
Johnston436@yahoo.com  
October 23, 2003

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. I did not receive the mail and only received the final notice. Please make a note of my new mailing address above. Enclose, please find my check number 1254 for \$150.00

Thank you for your time in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Johnston', is written over the printed name.

Stephen G. Johnston  
President