

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 # **P02000083278**

1. Corporation Name

NETWORK ORLANDO INC

Principal Place of Business

424 EAST CENTRAL BLVD
MPB 137
ORLANDO FL 32801

Mailing Address

424 EAST CENTRAL BLVD
MPB 137
ORLANDO FL 32801

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2002

5. FEI Number

38-365-8995

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
CIO	MCCORKLE, RON M	1114 EAST WASHINGTON ST	ORLANDO FL 32801
CEO	MCCORKLE, MARK A	424 EAST CENTRAL BLVD MPB 137	ORLANDO FL 32801

8. Name and Address of Current Registered Agent

MCCORKLE, RON M
424 EAST CENTRAL BLVD
MPB 137
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: **Mark McCorkle**
Street Address (P.O. Box Number is Not Acceptable)
424 E. Central Blvd
Suite, Apt. #, Etc.
Suite 137
City
Orlando
State
FL
Zip Code
FL

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]

REGISTERED AGENT MUST SIGN

Date

11-19-03

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] **Mark McCorkle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-03

Daytime Phone #

407-376-6117

FILED

03 DEC -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

I am writing on behalf of Network Orlando INC. to request a waiver of the reinstatement fee. I never received a UBR form prior to receiving this notice of dissolution. I have enclosed \$150.00 for the UBR. Sorry for any inconvenience and thank you in advance. I have since learned about filing online for the UBR and will take those steps next time. Thank you.

-Mark McCorkle / CEO