

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083770

FILED
Dec 03, 2004
Secretary of State

Entity Name: NATIONAL INSURANCE PARTNERS NETWORKING, INC.

Current Principal Place of Business:

12421 N FLORIDA AVE SUITE C220
TAMPA, FL 33613

New Principal Place of Business:

12421 N FLORIDA AVE SUITE C220
TAMPA, FL 33612

Current Mailing Address:

PO BOX 82189
TAMPA, FL 33682

New Mailing Address:

FEI Number: 38-3688732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAY, KENNETH W
12421 N FLORIDA AVE SUITE C220
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

HAY, KENNETH W
12421 N FLORIDA AVE SUITE C220
TAMPA, FL 33612 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEN HAY

12/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: HAY, KEN
Address: 12421 N FLORIDA AVE STE C-220
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN HAY

PRES

12/03/2004

Electronic Signature of Signing Officer or Director

Date