PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17310

1. Corporation Name
Newsbank, Inc.

2. Principal Office Address	3. Mailing Office Address
58 Pine Street	4501 Tamiami Trail North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 316
City & State	City & State
New Canaan, CT	Naples, FL
Zip / Country	Zip / Country
06840 / U.S.	34103 / U.S.

4. Date Incorporated or Qualified To Do Business in Florida 12/21/1987

5. FEI Number 061084869 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel S. Jones

Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North

100042197461
10/26/04--01087--017 **8.75

Suite, Apt. #, Etc.
Suite 316

City: Naples | State: FL | Zip Code: 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/6/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Daniel S. Jones	4501 Tamiami Trail North, Suite 316	Naples, FL 34103-3023
EV	Michael G. Walker	397 Main Street	Chester, VT 05143
SV	John A. McDowell	4501 Tamiami Trail North, Suite 316	Naples, FL 34103-3023
V	Susan G. Jones	4501 Tamiami Trail North, Suite 316	Naples, FL 34103-3023
	[illegible]	[illegible] 09-04	100042197461 10/26/04--01087--016 **1500.00

10. 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: _____ 10/6/04 (239) 263-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #