

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38133**

1. Corporation Name

NETWORK PREMIUM FINANCE, INC.

Principal Place of Business

2889 ELMWOOD DRIVE
SMYRNA GA 30080

Mailing Address

2889 ELMWOOD DRIVE
SMYRNA GA 30080

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

2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1992

5. FEI Number

58-1891076

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
CP	DIAL, WILLIAM A., JR.	910 SOUTH POWERS COURT	ATLANTA GA
VCV	JOHNSTON, MARIANNE	3966 FAIRINGTON DR.	MARIETTA GA
T	YERRAMILLI, JAY	2889 ELMWOOD DRIVE	SMYRNA GA 30080
DS	TEFT, DONALD E	165 BRICKELBERRY DRIVE	ROSWELL GA
			3000004661808--U -11/01/01--01009--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ROBISON, RICHARD L.
5250 S. U.S. HWY 17-92
CASSELBERRY FL 32718-0895

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.

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:

Jay Yerramilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/2001 770-436-7575 EXT 129

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DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is our check for \$150 for the filing fees. We did not receive the 2001 corporation annual report/uniform business report form to be filed. We are now receiving the ADMINISTRATIVE DISSOLUTION OR REVOCATION APPLICATION. We asked that you please accept our application and check as this was not a fault of our company.

Respectfully

Jay Yerramilli
Treasurer

[illegible]