

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07-179

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV -4 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052984**

1. Corporation Name

NETWORK TECHNICAL ASSISTANCE GROUP, INC.

Principal Place of Business

Mailing Address

3000 N.W. 48TH TERRACE
BUILDING 5, SUITE 429
LAUDERDALE LAKES FL 33313

3000 N.W. 48TH TERRACE
BUILDING 5, SUITE 429
LAUDERDALE LAKES FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8230 NW 23 ST

3. New Mailing Office Address, If Applicable

8230 NW 23 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1984

5. FEI Number

65-0528766

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	SEALS, JACK C	3000 N.W. 48TH TERRACE, BLDG. 5,	LAUDERDALE LAKES FL 33313

100001999901--9
11/88/96 81817-824
***375.00 ***375.00

8. Name and Address of Current Registered Agent

SEALS, JACK C
3000 N.W. 48TH TERRACE
BUILDING 5, SUITE 429
LAUDERDALE LAKES FL 33313

9. Name and Address of New Registered Agent

Name

JACK C. SEALS

Street Address (P.O. Box Number is Not Acceptable)

8230 NW 23 ST

Suite, Apt. #, Etc.

SUNRISE

City

SUNRISE

State

FL

Zip Code

33322

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
REGISTERED AGENT MUST SIGN

Date

10/26/96

1. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/96
Date

954-746-9651
Daytime Phone #