

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 1:52

DOCUMENT # P94000075478

1. Corporation Name

PRAXIS Network, Inc.

2. Principal Office Address

212 N. MARION ST.

Suite, Apt. #, etc.

Room # 206

City & State

LAKE CITY, FL

Zip

32055

Country

USA

3. Mailing Office Address

212 N. MARION ST.

Suite, Apt. #, etc.

Room # 206

City & State

LAKE CITY, FL

Zip

32055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-12-94

5. FEI Number

59-3281012

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

SHERI A. WALLACE

10000443555

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

28102 NW 174th AVENUE

-06721701--01083

009

***308.75

***308.75

Suite, Apt. #, Etc.

H

City

HIGH SPRINGS,

State

FL

Zip Code

32643

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

Sheri A. Wallace

Date

5/18/2001

REGISTERED AGENT MUST SIGN

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
PRES	JON C. HUENINK	28102 NW 174th AVE	HIGH SPRINGS, FL 32643
VP	SHERI A. WALLACE	28102 NW 174th AVE	HIGH SPRINGS, FL 32643
			SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon C. Huenink

PRESIDENT

5/18/2001

Date

904-454-9823

Daytime Phone #

CR2E081 (9/00)

PRAXIS Network, Inc.

Human Development Programming

MEMORANDUM

TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Phone: 850-487-6059

FROM: Sheri A. Wallace, Ph.D., LMHC
PRAXIS Network/Vice-President

DATE: May 18, 2001

RE: Corporation Reinstatement: P94000075478

Pursuant to conversation earlier today with Kathy in the Division of Corporations Reinstatement Department (850-487-6059), PRAXIS Network, Inc. is hereby requesting reinstatement. Unbeknownst to us, the corporation was subject to Administrative Dissolution for Annual Report, effective September 22, 2000. This administrative decision was the result of PRAXIS Network's failure to file an annual report in the year 2000. This occurred because PRAXIS Network, Inc. did not receive the renewal form due to a change of address. Records indicate that the renewal form was returned to the Division of Corporations by the U.S. Postal Service as undeliverable.

Because this occurred as an oversight, rather than a deliberate failure to comply, PRAXIS Network, Inc. is requesting a one-time waiver of the \$600.00 reinstatement fee. In compliance with the directive given by Kathy in the Reinstatement office, we are enclosing our check for \$308.75 to cover the cost of our renewal fee for the years 2000 and 2001 as well as \$8.75 for the Certificate of Status. We appreciate your consideration in this matter.

Copy to: Jon C. Huenink, President