

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049926

1. Corporation Name
N MAGAZINE, INC.

Principal Place of Business

4500 EXECUTIVE DRIVE
110
NAPLES FL 34119

Mailing Address

4500 EXECUTIVE DRIVE
110
NAPLES FL 34119

FILED

02 NOV 14 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 320

Suite, Apt. #, etc. 320

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/26/1995

5. FEI Number 65-0594266

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BROWN, THOMAS G	4500 EXECUTIVE DRIVE	NAPLES FL 34119
VS	MITCHELL, WILLIAM N	400 EXECUTIVE DR	NAPLES FL 34119

500008634515
10/28/02--01111--014 **150.00

8. Name and Address of Current Registered Agent

BROWN, THOMAS G
4500 EXECUTIVE DRIVE
110
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 320
City
State FL Zip Code

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Thomas G Brown
REGISTERED AGENT MUST SIGN

Date 10/25/02

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:

Thomas G Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/25/02

Daytime Phone #

CR2E040 (802)



Tel 941.594.0100
Fax 941.594.0101

4500 Executive Drive
Naples, FL 34119

November 12, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Response to your letter of November 4, 2002

Confirming our conversation with a representative in the reinstatement office, you have our check # 1112 in the amount of \$150.00 with an explanation of the late filing of this renewal.

During the past several months, many changes have taken place within our organization, along with extensive building renovations, personnel changes and relocation of our office. The uniform business reports renewal form was not received at our office.

We are addressing the situation immediately, as evidenced by our call to your office and this letter you requested. As you know, our corporation has been in good standing for many years and our renewals have been paid on a timely basis.

We appreciate your understanding and processing of this renewal. Thank you.

Sincerely yours,

Thomas G. Brown
President