PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

P96000013101

1. Corporation Name

N.P.I., CO.

REINSTATEMENT 97-98

FILED

98 MAY -4 AM 10: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ncipal Place of Business	Mailing Address	
S ARUNDEL DRIVE	6425 ARUNDEL DRIVE	
LANDO FL 32818-6809	ORLANDO FL 32818-8809	

			ORLANDO FL 32818-8809		]			
	ddresses are incorrect in any way, line	_	information and					
Z. NOW PI	ncipal Office Address, if Applicable	3. IVUW IVIA	iling Office Addre	яз, п Арріісавіе	4. Date Incor To Do Bus	porated or Qualified iness in Florida 02	/09/1996	
Sulte, Apt. #, etc.		Suite, Apt. 4	Suite, Apt. #, etc.					
City & State City &		City & State	State		59-3368 589 Applied For Not Applicable			
Zip	Country	Zip		Country CERTIFI		ATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	nd/or Director (Fi	orida nonprofit c	orporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors 3 (Do		3 (Do N	Street Address of Each Officer and/or Director NOT Use Post Office Box Numbers)		City / State / Zip		
D	BROWN, HOWARD	6425 ARUNDEL DRIVE		idel drive	ORLANDO FL 32818			
D	WILLIAMS, EDWARD L	LLIAMS, EDWARD L 6425 ARUNDEL DRIVE		DEL DRIVE		ORLANDO FL 32818		
D	ROSS, HORACE		6425 ARUNDEL DRIVE			ORLANDO FL 32818		
	8. Name and Address of Culve	nt Registered Ag	ent			-05/08/980 -05/08/980 *****900.00	****300.00	
				Name				
	MS, EDWARD L SR. VRUNDEL DRIVE			Street Address	(P.O. Box Numbe	r is Not Acceptable)		
ORLANDO FL 32818-6809				Suite, Apt. #, Etc.			<del></del>	
		, ,		City		State FL	Zip Code	
10. I, being Signature o Registered	appointed the registered agent of the	_ \ ' \	poration, am fami		obligations of Sec	tion 607.0505, F.S.		
	is corporation owes or angible Personal Prop				 ] No []		e for information gible tax.)	
this rein owed by	that I am an officer or director or the re statement application, the reason for d the corporation have been paid and the application is true and accurate, and m	ssolution has bee ne names of <b>in</b> divi	n eliminated, the iduals listed on t	corporate name satisfier his form do not qualify for	es the requirement or an exemption up	s of section 607.0401 or 617.04	101, F.S., that all fees	
SIGNAT	FURE: SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICE	ROR DIRECTOR		Date Da	sytime Phone #	