

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105131

1. Corporation Name

NET SYSTEMS OF NW FLA., INC.

Principal Place of Business

1400 J.D. MILLER ROAD
SANTA ROSA BEACH FL 32459

Mailing Address

P.O. BOX 1299
SANTA ROAD BEACH FL 32459

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



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES & Secretary	Doug Fitch	1400 J.D. MILLER ROAD	Santa Rosa Beach, FL 32459

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-12/29/98-01087-003

****758.75 ****758.75

8. Name and Address of Current Registered Agent

FITCH, DOUG
1400 J.D. MILLER ROAD
SANTA ROSA BEACH FL 32459

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

Doug Fitch

REQUIRED

Date

Dec 19, 1998

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒ Has no such property (See other side for information on intangible property)

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)(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:

Doug Fitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 19, 1998

Daytime Phone #