

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -6 PM 3:11

DOCUMENT # P99000062632

1. Corporation Name

NETWORK BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1505 NORTH FLORIDA AVENUE
TAMPA FL 33602

1505 NORTH FLORIDA AVENUE
TAMPA FL 33602

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1999

SP

5. FEI Number

59-3589362

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DIAZ, EDDIE H	1505 NORTH FLORIDA AVENUE	TAMPA FL 33602
P	DIAZ, DANIEL J.	1505 N. FLORIDA AVE.	TAMPA, FL 33602
			8000004434878--9 -06/21/01--01033--022 ****150.00 ****150.00
			8000004434878--9 -06/21/01--01033--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H
1505 NORTH FLORIDA AVENUE
TAMPA FL 33602

Name

Eddie H. Diaz

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

1505 N. Florida Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

Eddie H. Diaz
SIGNATURE REQUIRED

Date 5/1/01

REGISTERED AGENT MUST SIGN

11. 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:

Eddie H. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

813/221-2821

Daytime Phone #

CR2E040 (8/00)