

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -3 AM 10:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000109479**

1. Corporation Name

**PUBLISH NOW INCORPORATED**

Principal Place of Business

Mailing Address

7901 CEDAR DRIVE  
 TAMPLE TERRACE FL 33637

7901 CEDAR DRIVE  
 TAMPLE TERRACE FL 33637



**REINSTATEMENT**

*OO*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/13/1999 <b>SP</b>	
City & State		City & State		5. FEI Number	
				59-3612417	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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
D/P	LIBERT, KEITH	7901 CEDAR DRIVE	TAMPLE TERRACE FL 33637

600003532626  
 -01/11/01--01040--015  
 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

DICKENS, MARK S  
 7628 N. 56TH STREET  
 SUITE #15  
 TAMPA FL 33617

9. Name and Address of New Registered Agent

Name **KEITH LIBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7901 Cedar Dr**  
 Suite, Apt. #, Etc.  
 City **Temple Terrace** State **FL** Zip Code **33637**

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 *Keith Libert* REGISTERED AGENT MUST SIGN Date 12-27-00

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: *Keith Libert* 12-27-00 813-335-5375  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KEITH LIBERT

CR2E040 (8/00)