

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000109479

1. Corporation Name

PUBLISH NOW INCORPORATED

Principal Place of Business

Mailing Address

7901 CEDAR DRIVE
TAMPA TERRACE FL 33637

7901 CEDAR DRIVE
TAMPA TERRACE FL 33637

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

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1999

SP

5. FEI Number

59-3612417

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

600003532626
-01711/01--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

Signature of Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH LIBERT

12-27-00

Date

813-335-5375

Daytime Phone #

CR2E040 (8/00)