

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT # V60950

1. Corporation Name

Network Engineering Services, Inc.

Principal Place of Business

Mailing Address

2794-1 Gulf to Bay Blvd.  
Clearwater, FL 33759

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

8/31/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3139621

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Pedro A. Remon	3033 Homestead Ct.	Clearwater, FL 33759
Vice Pres.	Astrid I. Remon	3033 Homestead Ct.	Clearwater, FL 33759

8. Name and Address of Current Registered Agent

Pedro A. Remon  
2794-1 Gulf to Bay Blvd.  
Clearwater, FL 33759

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro A. Remon

10/27/97

Date

813-791-3788  
Daytime Phone #

FILED  
97 OCT 30 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

#1080.00 reinst.  
8.75 CUS  
#1088.75

200002341382--4  
11/27/97--01023--020  
95-9\*\*\*123.75 \*\*\*1088.75

CUS \$5

CP25040 (12-95)