

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 JAN -3 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K66009

1. Corporation Name  
NATIONAL EXAMINATION SERVICES CORPORATION

Principal Place of Business Mailing Address  
4401 EMERSON SUITE 1 JACKSONVILLE FL 32207 US  
4401 EMERSON SUITE 1 JACKSONVILLE FL 32207 US  
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 02/15/1989  
5. FEI Number 59-2981548 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED \$9.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BURST, TIM J.	980 PONTE VEDRA BLVD.	PONTE VEDRA BCH. FL
			000002053170--3 -01/09/97--01104--013 ***375.00 ***375.00
			000002053170--3 -01/09/97--01104--014 ***340.00 ***340.00

REINSTATEMENT 1996-97  
A. Alan  
1/3/96

8. Name and Address of Current Registered Agent  
HIEB JR., E. ALLEN  
1301 RIVERPLACE BLVD  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent  
Name: Tim J. Burst  
Street Address (P.O. Box Number is Not Acceptable): 4401 Emerson Street  
Suite, Apt. #, Etc.: Suite 1  
City: Jacksonville State: FL Zip Code: 32207

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] REGISTERED AGENT MUST SIGN Date: \_\_\_\_\_

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jeffrey A. Sims Date: 9/17/96 Daytime Phone #: 904 396 5537

CR2E040 (7/96)