

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 520910

1. Corporation Name

NATIONAL Employer Services I, INC

REINSTATEMENT 03

2. Principal Office Address

118 S. LAKE AVE

Suite, Apt. #, etc.

FL

City & State

AVON PARK FL

Zip

33825

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700025259247
12/05/03--01053--016 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1990

5. FEI Number

59-3039504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glen J. Distefano

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

118 S. LAKE AVE

Suite, Apt. #, Etc.

City

AVON PARK

State
FL

Zip Code

33825

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

11/21/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Charles P. Welborn JR	118 S. LAKE AVE	AVON PARK, FL 33825
D	Susan Welborn	118 S. LAKE AVE	AVON PARK, FL 33825
S	Glen J. Distefano	118 S. LAKE AVE	AVON PARK, FL 33825

10. 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] SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/03

Daytime Phone #

8634525525

CR2E081 (10/02)