

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

651134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC -2 AM 8:13

DOCUMENT # 651134

1. Corporation Name

NATIONAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

12555 Biscayne Boulevard  
Suite 744  
Miami, Florida 33181

100002368421--9  
-12/10/97--01045--030  
\*\*\*1288.75 \*\*\*1193.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

10801 S.W. 57th Place  
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

10801 S.W. 57th Place  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/79

5. FEI Number

59-1951368

Applied For

Not Applicable

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33328

Country

U.S.

Zip

33328

Country

U.S.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Diane Harris Fox	10801 S.W. 57 Place	Ft. Lauderdale, FL 33328

REINSTATEMENT 12-2-97  
cc

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8. Name and Address of Current Registered Agent

Diane Harris Fox  
10801 S.W. 57th Place  
Ft. Lauderdale, FL 33328

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

Diane Harris Fox President

REGISTERED AGENT MUST SIGN

Date

11-20-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Diane Harris Fox President

Date

11-20-97

Daytime Phone #

DIANE HARRIS-FOX-PRES

305-932-6408

CP2E040 (12/95)