

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008866186
11/07/02--01049--002 **150.00

DOCUMENT # 691903

1. Corporation Name

N R S ASSOCIATES, INC.

Principal Place of Business

4225 GORDON DRIVE
NAPLES FL 34102
US

Mailing Address

4225 GORDON DRIVE 95 DOLPHIN RD
NAPLES FL 34102 BRISTOL, CT.
US 06010

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1981

5. FEI Number

58-1438628

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KASTNER, HARRY G	137 WOODLAND DR	SOUTHINGTON, CT 00000
D	SCHUMANN, DOUGLAS	95 DOLPHIN RD.	BRISTOL CT 06010
PD	GUTHRIE, BART	101 DAYL DR	Kensington, CT 06037
PD	PIETROWICZ, LYNN	154 SOUTH ST EXT	BRISTOL, CT 06010

8. Name and Address of Current Registered Agent

RESIDENT AGENT CORP OF PINELLAS CNTY
980 TYRONE BOULEVARD
SAINT PETERSBURG FL 33710

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Harry G. Kastner
REGISTERED AGENT MUST SIGN

Date

11/4/02

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

10-30-02

Date

Daytime Phone #

860-583-6994
X-214

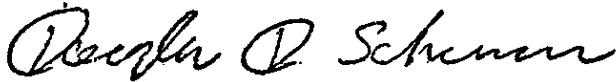
October 30, 2002

NRS Associates, Inc
95 Dolphin road
Bristol, Ct. 06010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: NRS Associates, Inc 58-1438628 Reinstatement

I am applying for reinstatement because we did not receive the prior UBR notices, possibly because of the change in mailing address. I am enclosing our check in the amount of \$150. Thank you for your consideration.

A handwritten signature in cursive script, reading "Douglas D. Schumann".

Douglas D Schumann, President