

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 4:17

DOCUMENT # 741903

1. Corporation Name

THE NATIONAL BOARD OF REGISTRATION FOR NUCLEAR COATING ENGINEERS AND SPECIALISTS, INC.

Principal Place of Business

% D.M. BERGER
P.O. BOX 56
LEOLA PA 17540

Mailing Address

7695 WEXFORD WAY
FORT PIERCE FL 34986



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

03/07/1978

5. FEI Number

94-2836974

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
D	BERGER, D.M.	46 MEADOWVIEW DR	LEOLA PA
CD	ROEBUCK, A.H.	1940 OVERLOOK RD.	FULLERTON CA
D	TATOR, K B	115 TECHNOLOGY DR.	PITTSBURGH PA
D	MASCIALE, M.J.	21 DONSEN LANE	SCORCH PLANES NJ
D	OECHSLE, S.J.	7695 WEXFORD WAY	FORT PIERCE FL 34986
			200004765042-7 -01/10/02--01058--003 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

OECHSLE, S J
7695 WEXFORD WAY
FORT PIERCE FL 34986

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

RAUDY BAKER
3302 SW MARTIN ST.

PORT ST. LUCIE

FL

34983

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12 OCT 2001

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/2001

CR2040 (8/01)