

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 857268

1. Corporation Name

NATIONAL COLLECTION OFFICE, INC.

600001999926--1
 -11/08/96--01019--015
 ****375.00 ****375.00



REINSTATEMENT *9600*

Principal Place of Business Mailing Address
 1740 WALTON RD P O BOX 1123
 BLUE BELL PA 19422 BLUE BELL PA 19422
 US 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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		08/01/1983	
City & State		City & State		5. FEI Number	
Zip		Country		23-1670927	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	BARRIST, MICHAEL J.	280 KENNY LANE	BLUE BELL PA BLUE
VT	PIOLA, CHARLES, C, JR	339 BARNHILL RD	WEST CHESTER PA 19382

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARRIST, ANNETTE H. 15751 PHILODENDRON CIRCLE DELRAY BEACH FL 33484		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suits, 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: *Annette Barrist* **SIGNATURE REQUIRED** Date: *10/30/96*
 REGISTERED AGENT MUST SIGN

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 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** **10-30-96** Date Daytime Phone #