

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000002891

1. Corporation Name

NFRS, Inc.

2. Principal Office Address

301 S. College Street

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip

28288-0630

Country

USA

3. Mailing Office Address

c/o CSC, 2711 Centerville Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Wilmington, DE

Zip

19808

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/23/2000

5. FEI Number

562172683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jeanine Reynolds

REGISTERED AGENT MUST SIGN

as its agent

Date

11-18-03

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
P	William M. Bateman	301 S. College Street	Charlotte, NC 28288-0630
S	Rebecca Henderson	301 S. College Street	Charlotte, NC 28288-0630
T	Thomas J. Wurtz	301 S. Tryon Street	Charlotte, NC 28288
VP	Carol R. Mullis	301 S. College Street	Charlotte, NC 28288-0630
D	Michael A. Watkins	301 S. College Street	Charlotte, NC 28288-0630

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)(l), 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:

Carol R. Mullis, Vice President Nov. 17, 2003 704-374-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)