

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

R.N. Specialists, Inc.
F02000001429

2. Principal Office Address

3600 South SR 7

Suite, Apt. #, etc.

#206

City & State

Miramar Florida

Zip

33023

Country

U.S.A

3. Mailing Office Address

7027 W. Broward Blvd.

Suite, Apt. #, etc.

#320

City & State

Plantation Florida

Zip

33317

Country

U.S.A

REINSTATEMENT 03

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

March 20, 2002

5. FEI Number

22-3576847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Carolyn Scott

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

108 NW 45th Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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**

Carolyn Scott
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
President	Carolyn Scott	108 NW 45 Ave	Plantation FL 33317

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)(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:

Carolyn Scott - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone

954 478 1384

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 25, 2003

R.N. SPECIALISTS, INC.
7027 WEST BROWARD BLVD
#320
PLANTATION, FL 33317

SUBJECT: R.N. SPECIALISTS, INC.
Ref. Number: F02000001429

Thank you for your letter of September 18, 2003, which has been forwarded to me for response.

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report/uniform business report form. Our records indicate the 2003 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$150.00. Add an additional \$8.75 for each certificate of status requested.

Please complete the attached reinstatement application in it's entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 503A00052812