

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FO 20 000 01594

1. Corporation Name

Norcom Agency Services, Inc.

2. Principal Office Address

40 SE 5th Street

Suite, Apt. #, etc.

Suite 500

City & State

Boca Raton, FL

Zip

33432

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03

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

3-26-02

5. FEI Number

75-2971247

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

NRAI Services, Inc.

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

526 E. Park Avenue

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.

NRAI Services, Inc.

Signature of

Registered Agent

Charles Coyle

Date 10-29-2003

Charles Coyle REGISTERED AGENT MUST SIGN Asst. Secy.

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
DP	Eric Mostrom	40 SE 5th Street, Suite 500	Boca Raton, FL 33432
DST	Jonathan Mostrom	40 SE 5th Street, Suite 500	Boca Raton, FL 33432

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:

Eric Mostrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC MOSTROM

10-28-03

Date

(504) 832-1984

Daytime Phone #

CR2E081 (10/02)