

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000005026

1. Corporation Name

National Service Center, Inc.

2. Principal Office Address

15-C Pelham Ridge Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, SC 29615

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-02

5. FEI Number

58-2222559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Mark O'Connor

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

3910 Hudson Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

Mark O'Connor

REGISTERED AGENT MUST SIGN

Date **10-27-06**

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
PD	Robert E. Hicks, III	18 Norman Place	Greenville, SC 29615
SD	Bruce Walter	29 Drake Road	Morristown, NJ 07960
VP D	Joe Pittillo	105 Terra Woods Lane	Greenville, SC 29615

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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 contained in Chapter 119, 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:

Robert E Hicks III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-06 **864-675-6635**
Date Daytime Phone #