

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APR 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005444

1. Corporation Name

NATIONAL STANDARDS INSTITUTE, INC

2. Principal Office Address

1385 CORALWAY

Suite, Apt. #, etc.

403 suite

City & State

MIAMI FL

Zip

33145

Country

DADE

3. Mailing Office Address

1385 CORALWAY

Suite, Apt. #, etc.

Suite 403

City & State

MIAMI, FL

Zip

33145

Country

DADE

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

PARACORP INCORPORATED

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

236 EAST 6th AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date 04-05-04

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
CDPS	WHITNEY, ALBERTO M.	628 ALEDO AVE	CORAL GABLES, FL 33134
T	WHITNEY, ALBERTO M.	628 ALEDO AVE	CORAL GABLES, FL 33134

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/04

Daytime Phone #

CR2001 (01/04)