

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004452

1. Corporation Name

NATIONAL RESEARCH FOUNDATION
INC

400031755324
04/02/04--01070--014 **300.00

2. Principal Office Address

PO BOX 141336

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

Zip

32814

Country

Zip

Country

REINSTATEMENT 03-84

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/02

5. FEI Number

01-0730562

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

KIMBERLY KIRKPATRICK

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

3901 IBIS DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

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
<u>P</u>	<u>KIMBERLY KIRKPATRICK</u>	<u>3901 IBIS DRIVE</u>	<u>ORLANDO, FL 32803</u>

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

Kimberly Kirkpatrick

Date

Daytime Phone #

CR2001 (01/04)

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PASTOR, BOLDEN & INDICTOR, P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS ADVISORS

ALAN H. PASTOR, CPA
STEVEN L. BOLDEN, CPA
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March 22, 2004

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Ref: National Research Foundation, Inc
EIN# 01-0730562

To Whom It May Concern:

Enclosed is a Corporation Reinstatement form for National Research Foundation, Inc. In addition, would you please so kind and abate the penalty for the corporation. The 2002 was the first year in business and we did not realize that the annual form was not filed.

Enclosed is a check for 2002 and 2003 in the amount of \$300.00

Very truly yours,


Albert Pobirsky