

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010643

**FILED**  
**Jun 08, 2006**  
**Secretary of State**

**Entity Name:** NATIONAL ALLIANCE OF INDEPENDENT RECOVERY AGENTS INC

**Current Principal Place of Business:**

4700 HIATUS RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

4851 NW 103 AVE  
SUNRISE, FL 33351

**Current Mailing Address:**

PO BAX 26894  
TAMARAC, FL 33351

**New Mailing Address:**

PO BAX 823208  
PEMBROKE PINES, FL 33082

**FEI Number:** 20-0389412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FISHER, LARRY  
4700 HIATUS RD  
SUNRISE, FL 33351      US

**Name and Address of New Registered Agent:**

FISHER, LARRY  
4851 NW 103 AVE  
SUNRISE, FL 33351      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY FISHER

06/08/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FISHER, LARRY  
Address: 4700 HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete  
Name: FISHER, LARRY  
Address: 4700 HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FISHER, LARRY  
Address: 4851 NW 103 AVE  
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change ( ) Addition  
Name: FISHER, LARRY  
Address: 4851 NW 103 AVE  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY FISHER

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date