

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:29

**DOCUMENT #** N 08 00000 4280

**1. Corporation Name**

NATIONAL ORGANIZATION Certifying  
Search and Rescue, Inc.

900189431019  
01/04/11--01049--019 \*\*297.50

**2. Principal Office Address - No P.O. Box #**

12669 Hoodlanding Rd.

Suite, Apt. #, etc:

City & State

JACKSONVILLE FL.

Zip

32258

Country

U.S.

**3. Mailing Office Address**

P.O. Box 1420

Suite, Apt. #, etc.

City & State

COLUMBIANA AL.

Zip

35051

Country

U.S.

CR28081 (6/10)

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

05/01/2008

**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

John Long

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

12669 Hoodlanding Rd.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32258

REINSTATEMENT

B 1/6/11

**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

*John H. Long*  
REGISTERED AGENT MUST SIGN

Date 12-28-10

**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
P/D	John Long	12669 Hoodlanding Rd.	JACKSONVILLE, FL 32258
V/D	Linda Uihlein	1842 DAVIS SHOP RD.	GARLYSVILLE, VA. 22936
V/D	Brad Thomas	13900 NE 41 <sup>ST</sup> Terrace	Anthony, FL 32617
T/S/D	Les Brown	429 Hwy 47	Columbiana, AL 35051

**10. E-mail Address:** brown 354370 @ bell south. net

(To be used for future annual report notification)

**11. 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. I further certify, 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:**

*Les Brown* LES BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-10 205-668-7132

Date

Daytime Phone #