

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000217

1. Corporation Name

National Association of Residential Property Managers, Inc.

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

9013 University Pkwy.

3. Mailing Office Address

9013 University Pkwy.

Suite, Apt. #, etc.

Ste. A

Suite, Apt. #, etc.

Ste. A

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32514

Country

Zip

32514

Country

7. Name and Address of Current Registered Agent

Name
Waddell, Robert G.

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

10281 Sorrento Rd

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32507

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2232112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-30-07

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	Derrick Gainey	9013 University Pkwy, Ste. A	Pensacola FL 32514
S	Beverly Nicholson	9013 University Pkwy, Ste. A	Pensacola FL 32514
T	Robert Waddell	9013 University Pkwy, Ste. A	Pensacola FL 32514
D	Kim Heatley	9013 University Pkwy, Ste. A	Pensacola FL 32514
D	Donald Scott	9013 University Pkwy, Ste. A	Pensacola FL 32514
D	Michael Brock	9013 University Pkwy, Ste. A	Pensacola FL 32514

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-07

Date

850-471-6263

Daytime Phone #

FILED

2007 NOV -2 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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