

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 AM 8:25

DOCUMENT # N97000006876

1. Corporation Name

NATIONAL SIMULATOR RESEARCH FOUNDATION, Inc

2. Principal Office Address

44 Ironwood way

Suite, Apt. #, etc.

3. Mailing Office Address

44 Ironwood way

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33418

Country

Zip

33418

Country

REINSTATEMENT 99-00

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

5. FEI Number

650799013

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

Richard Palmeri

300003249283-4

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

44 Ironwood Way

05/12/00-01006-002
****297.50 ****297.50

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code

33418

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

Date 03.27.00

REGISTERED AGENT MUST SIGN

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
CHAIR	Richard Palmeri D.	44 Ironwood way	PBG. FL. 33418
director	DAVID R. KRATZ D.	748 orchard LAKE RD.	Pontiac MI. 48341
director	Debra Beretz. D.	748 orchard LAKE RD.	Pontiac MI. 48341

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

03.27.00 561 626 4230

Date

Daytime Phone #

CR2E081 (9/99)