PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 13 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002670**

1. Corporation Name

NATIONAL BUDGET PLANNERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1000 EAST ATLANTIC BOULEVARD SUITE 205H POMPANO BEACH FL 33060	1000 EAST ATLANTIC BOULEVARD SUITE 205H POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

02/08/99 90004 046 $61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/11/1998

5. FEI Number: 65-0848095 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SANDSTROM, SCOTT J	1000 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33060
D	GANCI, MARIO	1000 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33060
D	MARSHALL, RHONDA	1000 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33060
D	SANDSTROM, LUCY	1000 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (6/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REQUIRED Date:
REGISTERED AGENT MUST SIGN

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 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: REQUIRED 12 Oct 1999 954 785 8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott J. Sandstrom

NATIONAL BUDGET PLANNERS OF SOUTH FLORIDA, INC.
1000 EAST ATLANTIC BLVD SUITE 205H
POMPANO BEACH, FL 33060
TEL (954) 785-8618 FAX (954) 785-2044

LUCY SANDSTROM
1400 SE 3 AVE.

POMPANO BEACH FL 33060

Date 10/14/99

To whom it may concern,

Please accept this docuement as we did not receive our rejection letter. As per Mr. Sandstrom's conversation with Cathy Hyndman, this should suffice to re-instate our corporation.

Thank you,

Lucy Sandstrom, Director