PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P01000017139 DOCUMENT #

1. Corporation Name

NRSV CORPORATION

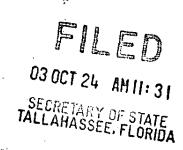
Principal Place of Business

Mailing Address

20761 CHESTNUT ST **DUNNELLON FL 34431**

Zip

20761 CHESTNUT ST



DUNNELLON FL 3	•	DUNNELLON FL 34431			
If above addres	sses are incorrect in any way, line	through incorrect information	and enter correction below.	REINSTATEMENT	03
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable P.O. Box 406		Date Incorporated or Qualified To Do Business in Florida	5/2001
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied For
City & State		City & State Dunnellon,	F1 34430	NOT APPLICABLE	Not Applicable
Zip	Country	Zip	Country		Additional Fee required a Certificate of Status
7. Names and S	Street Addresses of Each Officer ar	nd/or Director (Florida nonpro	fit corporations must list at le	ast 3 directors)	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	SHELTON, NATASHA	PO BOX 406	DUNNELLON FL 34430
s	SHELTON, DOROTHY A	PO BOX 406	DUNNELLON FL 34430
		70	0024421957
· - ·		11/04/	0301053010 **150.00
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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
	Name		
		- , -	
GAN, CHRIS S	Street Address (P.O. Box Number is Not Acceptable)		
761 CHESTNUT ST			
NNELLON FL 34431	Suite, Apt. #, Etc.	······	
, with the delivery			
	City	State Zip Code	
		FL	

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. or 617.0505, F.S.

Signature of Registered Age REGISTERED AGENT MUST SIGN

Date 10-22-03

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 filling 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: Dorothy A Shelton Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>10,20,03 (352) 465-5225</u>

EGAN & COMPANY, P.A.

AWYERS-

CHRIS S. EGAN

20781 CHESTNUT STREET DUNNELLON, FLORIDA 34431 TELEPHONE (352) 489-1040 FAX (352) 489-7072

October 20, 2003

Florida Secretary of State Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

Re:

NRSV Corporation Reinstatement Application.

Document No. P01000017139

Dear Ladies and Gentleman:

I am submitting this application for reinstatement of the above referenced corporation together with my letter to you dated may 28, 2003.

My client never received an annual report from your office, and therefore I request that you waive the late fee and any other penalties and accept the filing fee of \$150.00.

Sincerely,

Chris S. Egan