

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000017139

1. Corporation Name

NRSV CORPORATION

Principal Place of Business

20761 CHESTNUT ST  
DUNNELLON FL 34431

Mailing Address

20761 CHESTNUT ST  
DUNNELLON FL 34431

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 406

Suite, Apt. #, etc.

City & State

Dunnellon, FL 34430

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

NOT APPLICABLE

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
DP	SHELTON, NATASHA	PO BOX 406	DUNNELLON FL 34430
S	SHELTON, DOROTHY A	PO BOX 406	DUNNELLON FL 34430

700024421957  
11/04/03--01063--010 \*\*150.00

8. Name and Address of Current Registered Agent

EGAN, CHRIS S  
20761 CHESTNUT ST  
DUNNELLON FL 34431

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

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 Agent

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 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: Dorothy A. Shelton, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10,20,03 (352) 465-5226

Date

Daytime Phone #

CR2E040 (7/03)

**EGAN & COMPANY, P.A.**

**LAWYERS**

**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