PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ì	APPLICATION							
	FOR	: •						
B	EINSTATE	ΛΕΝ						



DIVISION OF C ORPORATIONS

P01000080167 **DOCUMENT #**

1. Corporation Name

NURSES TO AMERICA, INC.

Principal Place of Business

Mailing Address

370 WEST CAMINO GARDENS SUITE 210 **BOCA RATON FL 33432**

370 WEST CAMINO GARDEINS SUITE 210 **BOCA RATON FL 33432**



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If above a	ddresses are	incorrect in any way, line th	rough incorrect in	formation and e	nter correction belo	w.		· · · · · · · · · · · · · · · · · · ·
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable		4. Date Inco	Date Incorporated or Qualified To Do Business in Florida 08/14/2001		
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.					
Suite, rept. II, out.			1			5. FEI Numb	⁶ 1129942	Applied For
City & State		City & State				-1121113	Not Applicable	
Zip Country		Zip C		untry	CERTIFICATE OF STA		STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7 Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprofit cor	porations must list	at least 3 directors)		
Title(s) Name of Officers and/or Directors		3		Street Address of Each Officer and/or Director		City / State / Zip		
PD	BROOKS,	ROBERT K	٠.٠ سر		AMINO GARDEN	NO GARDENS SUITE 21 BOCA RATON FL 33432		
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<u>, ,</u>	-		<u>,</u>					
	 							
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
BROOKS, ROBERT K ESQ 370 WEST CAMINO GARDENS SUITE 210 BOCA RATON FL 33432				Name	·			
				City		State	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.

11.1 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 realify for an exemption under section 119.07(3)(i), F.S. The information indicated

thet as if made under oath.

SIGNATURE:

Signature of Registered Agent

on this application is true and accurate, and my signature shall have

REGISTERED AGENT MUST SIGN

Law offices of Robert K. Brooks, PLC

Attorneys at Law

Robert K. Brooks, Esq. Admitted in Florida

370 W. Camino Gardens Blvd., Ste. 210 Boca Raton, FL 33432 Phone: (561) 368-9080 Fax: (561) 368-9343 e-mail: brooks44@belsouth.net

January 20, 2003

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We did not receive the first notice of the UBR for 2002. Upon receiving the second notice, we promptly mailed back a check for \$150 attached with our Uniform Business Report. We did not receive any other notices from your office until we received a refund application.

Upon conversation with your officers, we are requesting that you reinstate our corporation and waive any late fee penalties. Please accept payment of \$150.00 for the 2003 fiscal year.

Sincerely

BERT K. BROOKS, PLC

Law Offices of Robert K. Brooks, PLC.

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