

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 **031**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000105355**

1. Corporation Name

NRS INVESTMENTS, INC.

Principal Place of Business

**210 HIGHWAY 17 NORTH
BARTON FL 33130**

Mailing Address

**210 HIGHWAY 17 NORTH
BARTON FL 33130**

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
BARTON FL 33830

Zip
33830 Country
USA (POLK)

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
BARTON, FL 33830

Zip
33830 Country
USA (POLK)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PATEL, KAMAL R	210 HIGHWAY 17 NORTH	BARTON FL 33130
VD	PATEL, YATIN	210 HIGHWAY 17 NORTH	BARTON FL 33130

400009347174
12/04/02--01039--007 **150.00

8. Name and Address of Current Registered Agent

**PATEL, KAMAL R
210 HIGHWAY 17 NORTH
BARTON FL 33130**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/02/02

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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMAL R. PATEL PRESIDENT

Date

12/02/02

Daytime Phone #

868-670-1045

CR2E040 (9/02)

FROM : NRS INVESTMENTS, INC.
210, HWY 17 N.
BARTOW, FL 33830.

TO, FLORIDA DEPT. OF STATE.
JIM SMITH
SECRETARY OF STATE


Dear Sir,

We have received your
letter (Document # P01000105355) on
11/30/02, an application for Reinstatement

We would like to inform that
we have already sent the payment
for the same ~~in~~ Feb-02, the check
for \$150.00, Dtd- 2/06/02 (check NO-442)

As per our talk Today we are
sending one more check for same
amount i.e. \$150.00.. Dtd 12/02/02, NO. 495.

Thanking You


(KAMAL PATEL) (63-670-1045)