

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108502

1. Corporation Name

NURSE SOURCE, INC.

Principal Place of Business

Mailing Address

~~11803 DON BURNSED ROAD~~
~~SANDERSON FL 32087~~

~~11803 DON BURNSED ROAD~~
~~SANDERSON FL 32087~~

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

2. New Principal Office Address, If Applicable

106 E. Macclenny Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

106 E. Macclenny Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2001

5. FEI Number

59-3755282

Applied For

Not Applicable

City & State

Macclenny FL

City & State

Macclenny FL

Zip

32063

Country

Baker

Zip

32063

Country

Baker

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
D/p	BURNSED, DONALD R	11803 DON BURNSED ROAD 106 E. Macclenny Ave	SANDERSON FL 32087 Macclenny FL 32063

8. Name and Address of Current Registered Agent

BURNSED, DONALD R

~~11803 DON BURNSED ROAD~~

~~SANDERSON FL 32087~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

106 E. Macclenny Ave

Suite, Apt. #, Etc.

City

Macclenny

State

FL

Zip Code

32063

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

Donald R. Burnsed
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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)(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:

Donald R. Burnsed
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 (904)
259-2935

CR20040 (802)

Nurse Source, Inc.
106 E. Macclenny Ave.
Macclenny, Fl., 32063
904-259-2935

October 28, 2002

To Whom It May Concern:

This letter is in regard to the Notice of Administrative Dissolution of Corporation that our company received on October 25, 2002. Due to 911 Emergency address changes our corporation did not receive prior notices that this form was due. Nurse Source, Inc. was not an active company until July 2002 and we were unaware of the necessity of filing this form. Enclosed you will find our check in the amount of \$150.00 for the filing fee, along with the completed application. We apologize for our tardiness in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald R. Burns". The signature is fluid and cursive, with the first name "Donald" being the most prominent.

Donald R. Burns, Pres.
Nurse Source Inc.
DRB/edo