

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 JUN -6 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 01000 112317**

1. Corporation Name

**NATIONAL PROCESS SERVERS, INC**

2. Principal Office Address

**2025 SW 85 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**SAME**

Zip

**33155**

Country

**DAVE**

Zip

**SAME**

Country

**SAME**

4. Date Incorporated or Qualified To Do Business in Florida

**11-27-2001**

5. FEI Number

**05-0728954**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**MARISSA RODRIGUEZ**

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

**2025 SW 85 AVE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33155**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

Date **6/3/03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	ANGEL M. RODRIGUEZ	2025 SW 85 AVE	MIAMI FL 33155
Sect Trs	MARISSA RODRIGUEZ	2025 SW 85 AVE	MIAMI FL 33155

10. 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:

*[Signature]*

Sect-Trs

6/3/03

305-264-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002

Miami June 4th, 2003

Dept of State Div Corporations  
Tallahassee, Fl 32314

Re; National Process Servers, Inc  
Reinstatement Doc # P 01000112317

Gentlemen:

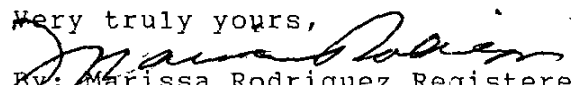
We were informed by your Division that our Corporation was terminated since we did not file year 2002 Annual Report

We will like to inform you that we moved in December 2001 and never received a report for 2002 or 2003 and we will like to pay each year due to never received any Form by you. Our new address 2025 SW 85 Ave Miami, Fl 33155

Enclosed please find a check in the amount of \$ 300. to cover for year 2002 and 2003.

Hoping this meets your requirements we remain,

Very truly yours,

  
By: Marissa Rodriguez Registered Agent  
National Process Servers, Inc