

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 2000078194

**1. Corporation Name**

National Business Management, Inc.

**2. Principal Office Address**

5035 SE Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

USA

**3. Mailing Office Address**

5035 SE Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

USA

REINSTATEMENT

03

**4. Date Incorporated or Qualified**

To Do Business in Florida 7/18/02

**5. FEI Number**

47-0876634

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

Debra Ann Naser

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

758 SW Blue Stem Way

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

**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

*Debra Ann Naser*

REGISTERED AGENT MUST SIGN

Date 10/13/03

**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
DVS	Debra Ann Naser	758 SW Blue Stem Way	Stuart, Florida 34997
P	Anthony Naser	758 SW Blue Stem Way	Stuart, Florida 34997
T	Sharon Brindle	8519 SW Cruden Bay Ct	Stuart, Florida 34997

**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:

*Sharon Brindle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03 772-463-1626

Daytime Phone #

FILED

03 OCT 15 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/02)



## National Business Management, Inc.

October 10, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Reinstatement P02000078194 – 47-0876634

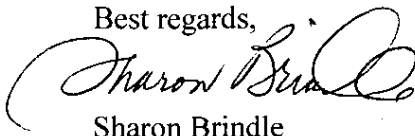
To whom it may concern:

Please consider this letter notice of non-receipt of the Uniform Business Forms. Our location has changed as well as our residences. Please waive the reinstatement fee as stated under important facts.

I have enclosed a check for \$150.00 and \$8.75 as required. Please contact me if you need additional information.

Thanking you in advance.

Best regards,



Sharon Brindle