

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118702

1. Corporation Name

NAMS INC.

Principal Place of Business

3801 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064

Mailing Address

3801 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064

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.  
10899 Handel Place

City & State  
Boca Raton FL

Zip 33498 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. same

City & State principal

Zip address Country

REINSTATEMENT 03

4. Is Applicant Qualified  
To Do Business in Florida

11/04/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JABLON, MARK	3801 NORTH FEDERAL HIGHWAY	POMPAÑO BEACH FL 33064
D	DHANJI, SHAHRUKH	3801 NORTH FEDERAL HIGHWAY	POMPAÑO BEACH FL 33064

600024337406  
10/31/03--01080--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JABLON, NANCY W ESQ  
3801 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064

Name NANCY WANG JABLON, ESQ., PA  
Street Address (P.O. Box Number is Not Acceptable)  
20283 State Road 7  
Suite, Apt. #, Etc. Ste. 300  
City Boca Raton  
State FL Zip Code 33498

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

Nancy Wang Jablón  
REGISTERED AGENT MUST SIGN

Date 10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK JABLON

Date

10/27/03

Daytime Phone #

561-213-6139

CR2E040 (7/03)

**NAMS INC.**  
**10899 Handel Place**  
**Boca Raton, FL 33498**

10/27/03

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

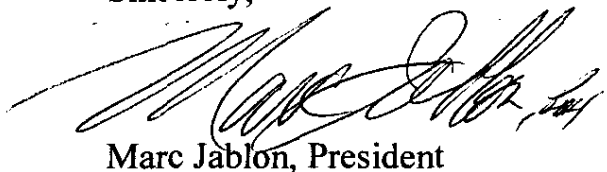
Recently we received a notice of dissolution from the Department of State. This came as a surprise to us because we did not receive either of the two prior uniform business report (UBR) notices.

We would like to reinstate the corporation. Enclosed is the fee of \$150 to file the report without penalty

In the future, please send all correspondence to NAMS INC. to the above address.

Thank you for your help with this matter.

Sincerely,



Marc Jablon, President