

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152007 REIN-P CR2E098 (1/07)

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # P06000145766 1. Entity Name NRS TECHNOLOGIES, INC. | | | | | |
| Principal Place of Business 800 BRICKELL AVENUE 7TH FLOOR MIAMI, FL 33131 | | | Mailing Address 800 BRICKELL AVENUE 7TH FLOOR MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent HESS, THOMAS J ESQ. THOMAS J HESS, P.A. 1401 BRICKELL AVE, SUITE 825 MIAMI, FL 33131 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small> 11/15/2007 <small>DATE</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Abel Avellan 800 Brickell Ave, 7th Floor Miami, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100112415501 11/19/07--01039--008 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Herbert Pardula 800 Brickell Ave, 7th Floor Miami, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Abel Avellan, Pres 15 NOV 07 305/373-0330 <small>Date Daytime Phone #</small> | | |

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