

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 NOV 21 PM 4:43

DOCUMENT # P16000028677

1. Corporation Name

NRS REPAIRS CORP.

200305366032

2. Principal Office Address - No P.O. Box #

2800 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2800 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Coral Gables, FL

Zip

33134

Country

USA

CR26081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2016

5. FEI Number

81-2116357

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Roxanne Turner

Roxanne Turner

Asst. Vice President

Date 11/21/17

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
D	Natasha R. Soto	2800 Ponce de Leon Blvd., #700	Coral Gables, FL 33134

REINSTATEMENT

2017

10. E-mail Address: nsoto@wickersmith.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Natasha Soto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/17

Date

305-448-3939

Daytime Phone #

MW
by turn

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 923964 81372A

AUTHORIZATION

[Signature]

COST LIMIT : \$750.00

ORDER DATE : November 21, 2017

ORDER TIME : 10:45 AM

ORDER NO. : 923964-005

CUSTOMER NO: 81372A

DOMESTIC FILINGS

NAME: NRS REPAIRS CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____

RECEIVED
17 NOV 21 PM 4:25