

1004000012399
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 AM 9:19

DOCUMENT # **P29518**

1. Corporation Name

The Nielsen-Wurster Group, Inc.

REINSTATEMENT 01-04

000031351000
03/29/04--01084--004 **1200.00

2. Principal Office Address

345 Wall St.

Suite, Apt. #, etc.

3. Mailing Office Address

345 Wall St.

Suite, Apt. #, etc.

City & State

Princeton NJ

Zip

08540

Country

U.S.A.

City & State

Princeton NJ

Zip

08540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/90

5. FEI Number

13-2874087

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

ROBERT F. JACOBSEN

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

1601 West Marion Ave, Suite 203H

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950-5271

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

Robert F. Jacobsen

Date

3/26/04

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
C/D	Knis R. Nielsen	77A-2nd Ave, Suite 700	Seattle, WA 98104-1747
D	Patricia D. Gallowsay	719-2nd Ave, Suite 700	Seattle, WA 98104-1747
P/D	Reza Nikain	345 Wall Street	Princeton NJ 08540
V/S/D	Mary A. Paul	345 Wall Street	Princeton NJ 08540
V/D	William Kerwan	Pobox 3467	Fairfax VA 22036
V	Ralph H. Hershberger	345 Wall Street	Princeton NJ 08540

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)(l), 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:

Ralph H. Hershberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/04

Daytime Phone #

609.497.7306

CR2E081 (01/04)