

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 DEC 21 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 892 000001779

**1. Corporation Name**

National Marketing, Sales and Service, Inc.

**2. Principal Office Address**

21420 Gossier Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

U.S.

**3. Mailing Office Address**

21420 Gossier Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

U.S.

**REINSTATEMENT** 1998-2001

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/03/1992

**5. FEI Number**

650403432

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

Gould, Marilyn

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

21420 Gossier Way

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33428

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~~-01/11/02--01054--015~~  
~~\*\*\*1200.00 \*\*\*1200.00~~

**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

*Marilyn Gould*  
REGISTERED AGENT MUST SIGN

Date

12/30/2001

**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
PSTD	Gould, Marilyn	21420 Gosier Way	Boca Raton, FL 33428

**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:**

*Marilyn Gould*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/2001

Daytime Phone #

392-7181

CR2E081 (9/00)