

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028317**

1. Corporation Name

National Resource Group, Inc., USA

2. Principal Office Address

6503 N. Military Trail

3. Mailing Office Address

7301 N. Broadway

Suite, Apt. #, etc.

1705

Suite, Apt. #, etc.

226

City & State

Boca Raton, Florida

City & State

Oklahoma City, Oklahoma

Zip

33496

Country

USA

Zip

73116

Country

USA

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

4/15/93

5. FEI Number

65-0401960

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

Merrie Marks

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

6505 N. Military Trail

800003195938-2

-04/05/00-01002-013

Suite, Apt. #, Etc.

1705

***1208.75 ***1208.75

City

Boca Raton

State
FL

Zip Code
33496

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

Merrie Marks

REGISTERED AGENT MUST SIGN

Date

3/15/00

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
Director	Merrie Marks	6503 N. Military Trail #1705	Boca Raton, Florida 33496
President	Merrie Marks	6503 N. Military Trail #1705	Boca Raton, Florida 33496

REINSTATEMENT 99-00178

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)(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:

Merrie Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/00

Daytime Phone #

CR2E081 (9/99)