

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

97 R/R

FILED

DOCUMENT # P93000088608

1. Corporation Name

NATIONAL LIABILITY SPECIALISTS, INC.

97 OCT 27 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

481 E HILLSBORO BLVD  
SUITE 200 A  
DEERFIELD BEACH FL 33441  
US

Mailing Address

481 E HILLSBORO BLVD  
SUITE 200 A  
DEERFIELD BEACH FL 33441  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0600197

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	GLICK, ROBERT E	17675 SCARSDALE WAY	BOCA RATON FL 33496

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\*\*\*\*173.75 \*\*\*\*173.75

8. Name and Address of Current Registered Agent

GLICK, ROBERT  
481 E HILLSBORO BLVD  
SUITE 200 A  
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

10/23/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/97

Daytime Phone #

954 429 0055

10/23/97

CR2040 (9/97)

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**MEMO**

DATE: 10/23/97

TO: DEPT. OF STATE

FROM: ROBERT E. GLICK

RE: CORPORATION ANNUAL REPORT (DOCUMENT #: P93000088608)

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DEAR SIR/MADAM,

PURSUANT TO MY CONVERSATION WITH YOUR OFFICE TODAY, 10/23/97, PLEASE BE ADVISED THAT THE ORIGINAL DOCUMENT FOR FILING WAS MAILED TO YOU ON 1/7/97.

I HAVE ENCLOSED A MONEY ORDER AND A COPY OF THE ORIGINAL FILING FORM, ALONG WITH A NEW LATE FORM FOR ORIGINAL SIGNATURE INFORMATION.

THANK YOU FOR YOUR IMMEDIATE ATTENTION TO THIS MATTER.

SINCERELY,



ROBERT E. GLICK