

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000088608**

1. Corporation Name

NATIONAL LIABILITY SPECIALISTS, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1993

5. FEI Number

65-0600197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 And then \$1.00 required
for each 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	4. City / State / Zip
DPS	GLICK, ROBERT E	17875 SCARSDALE WAY	BOCA RATON FL 33496

900003039719-5
-11/09/99--01063--001
*****750.00 *****750.00

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

REGISTERED AGENT MUST SIGN

Date

10/18/99

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., 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

10/18/99

Daytime Phone #

8844290015

CR20040 (8/99)