

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra J. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 26 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000078003

1. Corporation Name
N.A.S.M., INC.

Principal Place of Business
8751 W. BROWARD BLVD.
SUITE 106B
PLANTATION FL 33324

Mailing Address
8751 W. BROWARD BLVD.
SUITE 106B
PLANTATION FL 33324



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

2. New Principal Office Address, If Applicable

2211 ALFORD WAY
Suite, Apt. #, etc.

City & State
WELLINGTON FL
Zip 33414 Country U.S.A.

3. New Mailing Office Address, If Applicable

2211 ALFORD WAY
Suite, Apt. #, etc.

City & State
WELLINGTON FL
Zip 33414 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1994

5. FEI Number 65-0600847

Applied For
Not Applicable

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
D	CORBEIL, ANDRE	8751 W. BROWARD BLVD. #106B	PLANTATION FL 33324

4000002362134--1
-12/03/97--01069--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent

PETER P. STARSON JR
8751 W. BROWARD BLVD
SUITE 106
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name ANDRE CORBEIL
Street Address (P.O. Box Number is Not Acceptable)
2211 ALFORD WAY
Suite, Apt. #, Etc.

City WELLINGTON State FL Zip Code 33414

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 11/20/97

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 11/20/97 Dayline Phone # 561-790-4664

CR2E040 (8/97)