

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

pg. 1 of 2

97 JAN 29 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
REINSTATEMENT



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

DOCUMENT # P95000025677
Corporation Name RSM-NAM1, INC.

Principal Place of Business Mailing Address
243 N.E. 5th Avenue 243 N.E. 5th Avenue
Delray Beach, FL 33483 Delray Beach, FL 33483



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 3-28-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0657483	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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/P/T	R. Scott Morrison	243 N.E. 5th Avenue	Delray Beach, FL 33483
S	Norma Allain Morrison	243 N.E. 5th Avenue	Delray Beach, FL 33483
			000002073700--3 -01/30/97--01052--004 ****365.00 ****365.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FHS CORPORATE SERVICES, INC. 11780 U.S. Highway One Suite 300 North Palm Beach, Florida 33408		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

0. 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 By: [Signature] Its Asst. Secretary Date January 23, 1997
REGISTERED AGENT MUST SIGN

1. Does this corporation pay any intangible tax to the Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

2. 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] R. Scott Morrison, Pres. Date 1/27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (7/95)



FACSIMILE TRANSMISSION
904-487-6013

TO: Brenda Tadlock
FROM: R. Scott Morrison, Jr.
DATE: January 22, 1997
SUBJECT: RSM-NAM 1, Inc. P95000025677

Dear Ms. Tadlock,

We received the attached today stating that the annual report for the above referenced was not filed in 1996. We have no record of ever receiving the annual report for this corporation. We moved our offices in April of last year but I assume it was sent prior to this date. Are you sure that this was not returned to your offices?

I would appreciate your looking into this matter at your earliest convenience as I know we do not have much time.

Thank you in advance for your prompt assistance.

Sincerely,

A handwritten signature in cursive script that reads "R. Scott Morrison Jr.".