

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 26 PM 4:49

DOCUMENT # P95000030008

**1. Corporation Name**

NORTH AMERICAN COMMUNICATIONS GROUP, INC.

**2. Principal Office Address**

4227 Northlake Blvd.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

99-00

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

4/18/95

**5. FEI Number**

65-0591562

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

Thomas C. Fink

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

4227 Northlake Boulevard

Suite, Apt. #, Etc.

City

Palm Beach Gardens, FL

State  
**FL**

Zip Code

33410

000003299440-2

-06/21/00-01087-014

\*\*\*\*900.00 \*\*\*\*900.00

**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

*Thomas C. Fink*  
REGISTERED AGENT MUST SIGN

Date 5/24/00

**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
D,P	TOM FINK	1120 Crystal Drive	Palm Beach Gardens, FL 33410
TD,S,	ROGER WHYMAN	8531 S.E. Bristol Way	Jupiter, FL 33458
D,VP	HARRIS WEINSTEIN	2927 Rhone Drive	Palm Beach Gardens, FL 33410
			AD

**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:

*Thomas C. Fink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/00

Date

(561) 844-3600

Daytime Phone #

CR2E081 (9/99)