

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1622

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR 10 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 995000030642

1. Corporation Name

National Bureau Collection Corp.

2. Principal Office Address

2295 NW Corporate Blvd.

Suite, Apt. #, etc.

117

City & State

Boca Raton FL

Zip

33431

Country

3. Mailing Office Address

2295 NW Corporate Blvd.

Suite, Apt. #, etc.

117

City & State

Boca Raton FL

Zip

33431

Country

900012570559

03/20/03--01067--004 \*\*150.00

2/14/03 01061 014-150.00

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

06-1424824

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

Jonathan Bloom

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

2295 NW Corporate Blvd.

Suite, Apt. #, Etc.

117

City

Boca Raton

State

FL

Zip Code

33431

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

*[Signature]*

Date 3/5/03

REGISTERED AGENT MUST SIGN

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
Pres	Jonathan Bloom	2295 NW Corporate Blvd, Suite 117	Boca Raton, FL 33431

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/03

Daytime Phone #

561-342-9707

CR2E081 (10/02)



# **National Bureau**

**collection corp.**

February 26, 2003

Michelle Milligan  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: National Bureau Collection Corporation

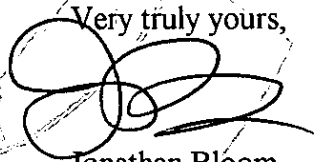
Dear Mrs. Milligan:

As per our telephone conversation, please note that the 2002 Uniform Business Report was never received because it was sent to my old home address and we are hereby requesting that your office waive any penalty fees. Please send any further correspondence to my new address at 16401 Via Venetia East, Delray Beach, Florida 33484.

In addition, enclosed herewith please find check number 2556, made payable to the Department of State in the amount of \$150.00, which represents fees associated with filing the 2002 Uniform Business Report with regards to the above captioned matter. Also, please send me a letter of status once filed.

Thank you for your attention herein. If you have any questions please do not hesitate to contact me.

Very truly yours,



Jonathan Bloom  
President

JB/lr  
Enc.

**collection specialists**