

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 14 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033519

**1. Corporation Name**

NATIONAL GRASS ROOTS & COMMUNICATIONS, INC.

**2. Principal Office Address**

74-830 Velie Way

Suite, Apt. #, etc.

Suite A

City & State

Palm Desert, CA

Zip

92260

Country

USA

**3. Mailing Office Address**

74-830 Velie Way

Suite, Apt. #, etc.

Suite A

City & State

Palm Desert, CA

Zip

92260

Country

USA

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

04-28-95

**5. FEI Number**

52-1444310

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 98-03**

**7. Name and Address of Current Registered Agent**

Name

MOTOLAW, Inc.

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

50 North Laura Street

Suite, Apt. #, Etc.

Suite 2500

City

Jacksonville

State

FL

Zip Code

32202

**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

*MOTOLAW, Inc.*  
*By: Robert C. Smith, Jr., As President*

REGISTERED AGENT MUST SIGN

Date *3/12/03*

**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	Pamela J. Whitney	75-255 Desert Park Drive	Indian Wells, CA 92210
D	Whiney C. Rosenberg	418 Vista Creek	Palm Desert, CA 92260
D	Amy N. Rosenberg	75-255 Desert Park Drive	Indian Wells, CA 92210

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/12/03*

Daytime Phone #

760-773-3800

CR2E081 (10/02)