


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 22 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063763

1. Corporation Name

NRS Marketing, Inc.

2. Principal Office Address

902 Blvd. of the Arts

Suite, Apt. #, etc.

Unit 1

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

P.O. Box 3319

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/30/96

5. FEI Number

650684746

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

Nicholas Salerno

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

902 Blvd. of the Arts

Suite, Apt. #, Etc.

Unit 1

City

Sarasota

000019747240

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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]*

REGISTERED AGENT MUST SIGN

Date 5/20/03

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
PD	Nicholas R. Salerno	902 Blvd. of the Arts Unit 1	Sarasota, FL 34236
STD	Allison B. Salerno	902 Blvd. of the Arts Unit 1	Sarasota, FL 34236

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

5/20/03 941/366-1100

Date

Daytime Phone #

CR2E081 (10/02)

9/5/28