

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 10 PM 6:32

DOCUMENT # PA6000074166

1. Corporation Name

National Tax Verification Inc.

400213123804  
10/10/11--01010--003 \*\*1200.00

2. Principal Office Address - No P.O. Box #

1700 N. Dixie Hwy

3. Mailing Office Address

1700 N. Dixie Hwy

Suite, Apt #, etc.

151

Suite, Apt #, etc.

151

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

US

Zip

33432

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/96

5. FEI Number

65-0700975

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

Douglas Kelly

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

1700 N. Dixie Hwy

Suite, Apt #, Etc.

151

City

Boca Raton

State

FL

Zip Code

33432

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 10/4/2011

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
<u>P</u>	<u>Douglas Kelly</u>	<u>1700 N. Dixie Hwy #151</u>	<u>Boca Raton, FL 33432</u>

10. E-mail Address: customer support @ NTVTAX.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/2011

Date

Daytime Phone #