

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000002246**

1. Corporation Name

N.R.M INC.

400023954874
10/20/03--01039--021 **150.00

2. Principal Office Address

224 N. 3RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LANTANA FLORIDA

Zip

33462

Country

PALM BEACH

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0719885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY SMITH

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

224 N. 3RD ST

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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

Mary Smith

REGISTERED AGENT MUST SIGN

Date **10/14/13**

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	RICHARD E. SMITH	1411 W. DUVAL ST	LANTANA FL 33462
V. PRES	NICHOLAS PAGANO	1022 AREZZO CIR	BOYNTON FL 33436
TRES/SEC	MARY SMITH	1411 W. DUVAL ST	LANTANA FL 33462

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

10/14/13 **561-547-5171**
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SIRS,

WE ARE AWARE WE HAVE NOT PAID
FOR OUR CORPORATION YEARLY PAYMENT.
AN HONEST ERROR HAS OCCURED. MYSELF
NOR MY WIFE NOR OUR ACCOUNTANT
DO NOT RECALL EVER RECIEVING THE
NOTICE. THIS MAYBE DUE TO THE FACT
WE ARE IN A STRIP MALL AND IT MAY
HAVE BEEN DELIVER TO ANOTHER BUSINESS
AND OR DISCARDED. PLEASE NOTE THE CHECK
FOR 150⁰⁰ DOLLARS. HOPEFULLY THIS WILL
CLEAR UP THIS MATTER.

RICHARD E. SMITH PRESIDENT