

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 AM 11:33

DOCUMENT #

P97000019996

1. Corporation Name

National Financial Systems, Inc.

2. Principal Office Address

8895 N. Military Trail

Suite, Apt. #, etc.

100C

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

8895 N. Military Trail

Suite, Apt. #, etc.

100C

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/97

5. FEI Number

112321220

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

Alan F Scott Jr

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

25F Lexington Ln West

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Alan F. Scott Jr
REGISTERED AGENT MUST SIGN

Date

5/19/2000

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	Robert H Hernandez	386 Mahogany Pt	Jupiter, FL 33458
TREAS	George W Kennedy	865 Broadway Ave. Apt. 75B	Holbrook, NY 11741
VP			
SEC			

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:

Robert H. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/00

Daytime Phone #

581-624-7442