

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000019996 1. Entity Name NATIONAL FINANCIAL SYSTEMS, INC.						FILED 07 APR -5 AM 9:12 STATE OF FLORIDA	
Principal Place of Business 1400 NORTHPOINT PARKWAY SUITE 20 WEST PALM BEACH, FL 33407				Mailing Address 1400 NORTHPOINT PARKWAY SUITE 20 WEST PALM BEACH, FL 33407			
2. Principal Place of Business - No P.O. Box # Same as Above		3. Mailing Address Same as Above		 REINSTATEMENT <i>06-07</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 11-2321220				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, DAVID J 1400 NORTHPOINT PARKWAY, SUITE 20 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Registered Agent Has Not Changed Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERNANDEZ, ROBERT H <input type="checkbox"/> Delete 801 HARBOUR ISLES COURT PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800096368488 04/10/07--01044--019 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KENNEDY, GEORGE W <input type="checkbox"/> Delete 6 CEDARFIELD TERRACE ST. JAMES, NY 11810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Plup</i> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: George W. Kennedy <i>George W. Kennedy</i>				04/04/07 516-932-1400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			