

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -5 PM 12:57

DOCUMENT # **P98000016511**
1. Corporation Name
NATIONAL SALES CONSULTANTS, INC.

Principal Place of Business 1150 HILLSBORO MILE UNIT 505 HILLSBORO BEACH FL 33062	Mailing Address 1150 HILLSBORO MILE UNIT 505 HILLSBORO BEACH FL 33062
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 02/20/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0826193	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	ODOM, JOSEPH G	1150 HILLSBORO MILE	HILLSBORO BEACH FL 33062
STD	SUSAN K. TRACOFF SUSAN K. TRACOFF	1150 HILLSBORO MILE	HILLSBORO BEACH FL 33062

788883846367--6
-11/16/99--01097--020
*****150.00 ***150.00**

11/2/99

8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. 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: **SUSAN K. TRACOFF** **11/2/99** **(954) 426-0787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN K. TRACOFF

Date Daytime Phone #

***NOVA FINANCIAL MANAGEMENT, INC.
TAX & ESTATE PLANNING SPECIALISTS***

***1149 HILLSBORO MILE #109N HILLSBORO BEACH, FLORIDA 33062
PHONE (954) 570-1169 FAX (954) 596-1229***

October 2, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re. Late Fee 1999 Annual Report
National Sales Consultants, Inc.
F.I.N. 65-0826193

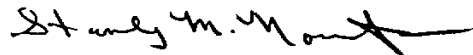
Dear Sir or Madam:

I am the accountant for the above mentioned corporation. This letter is a request to waive the reinstatement fee. This is a newly established corporation and the officers stated they did not receive the 1999 renewal application and where unfamiliar with the procedure.

Enclosed is the 1999 Application For Reinstatement and a check in the amount of \$150.00 for the original annual fee.

Based on the above information please waive the additional charge for the reinstatement fee.

Sincerely,



Stanley M. Novak

CC: Joseph G. Odom, President