

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 SEP 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800041366048

09/27/04--01043--011 **150.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2004 ANNUAL REPORT					
DOCUMENT # P98000016511					
1. Corporation Name NATIONAL SALES CONSULTANTS, INC.					
18966 SE CORAL REEF LANE 18966 SE CORAL REEF LANE					
2. Principal Office Address 18966 SE CORAL REEF LANE			3. Mailing Office Address 18966 SE CORAL REEF LANE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State JUPITER, FL			City & State JUPITER, FL		
Zip 33458	Country USA	Zip 33458	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida 02/20/1998	
5. FEI Number 650826193	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTERA, PA

Street Address (P.O. Box Number is Not Acceptable)
1840 SOUTHWEST 22 STREET

Suite, Apt. #, Etc.
4TH FLOOR

City
MIAMI

State
FL

Zip Code
33145

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

Date

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
PD	JOSEPH G. ODOM	1150 HILLSBORO MILE	HILLSBORO BEACH, FL 33062
STD	SUSAN K. TRAICOFF	1150 HILLSBORO MILE	HILLSBORO BEACH, FL 33062
D	OREN SHOWMAN	18966 SE CORAL REEF LANE	JUPITER, FL 33458

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

8/9/04
Date

561 741 8548
Daytime Phone #

CR2E081 (01/04)

2 of 2

NOVA FINANCIAL MANAGEMENT, INC. TAX & ESTATE PLANNING SPECIALISTS

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

August 7, 2004

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re. Late Fee 2004 Annual Report
National Sales Consultants, Inc.
F.I.N. 65-0826193

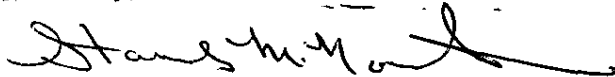
Dear Sir or Madam:

I am the accountant for the above mentioned corporation. This letter is a request to waive the reinstatement fee. The corporation officers stated they did not receive the 2004 renewal application possible due to their address change last year.

Enclosed is the 2004 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