

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. B. Harris
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

99 DEC -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000042888**

1. Corporation Name

NATIONAL AGENCY BROKERAGE CORPORATION

Principal Place of Business

1630 U.S. HIGHWAY ONE
JUPITER FL 33469

Mailing Address

1630 U.S. HIGHWAY ONE
JUPITER FL 33469

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1998

5. FEI Number

65-0837212

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
D	LUNNY, JAMES F	1630 U.S. HIGHWAY ONE 825 S. U.S. HWY 1 #240	JUPITER FL 33469-33477

000003078610--7
-12/22/99--01092--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUNNY, JAMES F
1630 U.S. HIGHWAY ONE
JUPITER FL 33469

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11-8-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-99

KE

NATIONAL AGENCY BROKERAGE CORPORATION
825 S. US Highway 1 Suite #240 19 Fulton Street, Suite 308A
Jupiter, FL 33477-5976 New York, NY 10038
(561) 743-9350 Phone
(561) 746-6690 Fax

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November 8, 1999

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


Re: Corporation Reinstatement

Enclosed you will find the application for reinstatement of our corporation. Apparently when we moved the post office did not forward our mail and we did not receive vital information from your office.

Please reinstate our corporation effective immediately. If you have any questions, please feel free to call me directly.

Thank you for your cooperation in this matter, it is greatly appreciated.

Sincerely,


James F Lunny