

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

2000042888

FILED

00 DEC 22 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042888

1. Corporation Name

NATIONAL AGENCY BROKERAGE CORPORATION

Principal Place of Business

Mailing Address

~~1630 U.S. HIGHWAY ONE
JUPITER FL 33469~~

~~825 S. U.S. HWY. 1
STE. #240
JUPITER FL 33477~~



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

2. New Principal Office Address, If Applicable <i>P.O. Box 3634</i>		3. New Mailing Office Address, If Applicable <i>P.O. Box 3634</i>		4. Date Incorporated or Qualified To Do Business in Florida 05/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0837212	
City & State <i>Jupiter FL</i>		City & State <i>Jupiter, FL</i>		Applied For Not Applicable	
Zip <i>33469-0634</i> Country <i>USA</i>		Zip <i>33469</i> Country <i>USA</i>		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
D	LUNNY, JAMES F	825 S. U.S. HWY. 1 #240 <i>P.O. Box 3634</i>	JUPITER FL 33477 <i>33469-0634</i>

We're not getting our MAIL
DDURR

~~700003524127-5~~
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~~****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 <i>JAMES F. LUNNY</i> TS	
<i>P.O. Box 3634</i>		Street Address (P.O. Box Number is Not Acceptable) <i>8 PALMETTO WAY</i>	
		Suite, Apt. #, Etc.	
		City <i>TEQUESTA</i>	State FL Zip Code <i>33469</i>

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-1-00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-00

CR2EC040 (8/00)