PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

CORPORATION REINSTATEMENT

FILED
00 DEC 19 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047895

1. Corporation Name

NATIONAL ASSET RECOVERY SYSTEMS, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
6383 10th Ave. N	6383 10th Ave. N
Suite C	Suite C
Lake Worth, FL	Lake Worth, FL
33463 Palm Beach	33463 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 5/28/98

5. FEI Number: 65-0846500 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: XX ($8.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Kenneth Rosenblum

Street Address (P.O. Box Number is Not Acceptable): 6383 10th Avenue N.

Suite, Apt. #, Etc: Suite C

City: Lake Worth | State: FL | Zip Code: 33463

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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: [signature] Date: 11/24/00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title as	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Kenneth Rosenblum	1360 RUNTREE LANE ~~WELLINGTON, FL 33414~~	Wellington, FL 33414
S/T C/O	W. David Temel	10134 Dover Carriage Lane	Lake Worth, FL 33467

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] KENNETH ROSENBLUM PRES. 11/24/00 561 967 9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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