

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000095226**

1. Corporation Name

The Results Group, Inc

2. Principal Office Address

5035 SE Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

5035 SE Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34997

Country

USA

Zip

34997

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/98

5. FEI Number

65-0875375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

Debra Ann Nesor

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

758 SW Blue Stem Way

Suite, Apt. #, Etc.

City

Stuart

400023801584

10/15/03 01003 019 **150.00

400023801584

10/15/03 01003 020 **8.75

State

FL

Zip Code

34997

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

Debra Ann Nesor

REGISTERED AGENT MUST SIGN

Date 10/13/03

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
DVS	Debra Ann Nesor	758 SW Blue Stem Way	Stuart, Florida 34997
P	Anthony Nesor	758 SW Blue Stem Way	Stuart, Florida 34997
T	Sharon Brindle	8519 SW Cruden Bay Ct	Stuart, Florida 34997

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:

Sharon Brindle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

772-463-1626

Daytime Phone #

CR2E081 (10/02)

October 10, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement P98000095226 – 65-0875375

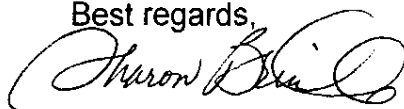
To whom it may concern:

Please consider this letter notice of non-receipt of the Uniform Business Forms. Our location has changed as well as our residences. Please waive the reinstatement fee as stated under important facts.

I have enclosed a check for \$150.00 and \$8.75 as required. Please contact me if you need additional information at (772) 463-1626.

Thanking you in advance.

Best regards,



Sharon Brindle



THE RESULTS GROUP, INC.