

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000041136

1. Corporation Name

NATIONAL RESTORATION INC.

Principal Place of Business

201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES FL 33134

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

05/06/1999

5. FEI Number

65-0981065

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
PD	BISHOP, JAMES	7420 VERITE ST., ST. LAURENT, MO	QUEBEC, CANADA H4S 1C5

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM -
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10-25-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-02

514-334-7690



FILED

02 DEC -6 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/02)

LAW OFFICES
SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

201 ALHAMBRA CIRCLE
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ALEXANDRA J. SANCHEZ
L. CHERE TRIGG

OF COUNSEL
H. HUGH McCONNELL, P.A.

FILE NO: 1990201

December 4, 2002
~~October~~

VIA REGULAR MAIL

Secretary of State, State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: National Restoration, Inc.

Dear Secretary of State:

Please be advised that neither my office, which is the mailing address and the principal place of business for the corporation, nor my client, National Restoration, Inc. has received the original Annual Report/Uniform Business Report for the corporation for the year 2002 nor have we received the Second Notice as to the filing of the Annual Report/Uniform Business Report for the year 2002. As such, we have enclosed the original executed Application for Reinstatement and the \$150.00 fee for the filing fee. Please proceed to reinstate the corporation.

Thank you for your assistance with this matter.

v

NATIONAL RESTORATION, INC., a
Florida corporation

By:


JAMES BISHOP, President

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.

By:


ELISABETH D. KOZLOW

EDK/st

Enclosure (Money Order \$150.00)