

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS192

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **P99000059979**

1. Corporation Name

NAR INC.

Principal Place of Business	Mailing Address
3791 SW 139TH COURT MIAMI FL 33175	3791 SW 139TH COURT MIAMI FL 33175

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
07/02/1999	
5. FEI Number	Applied For
5-0932082	Not Applicable
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	DOMINGUEZ, NANCY R	3791 SW 139TH COURT	MIAMI FL 33175

200003441622--0
-10/27/00--01014--023
***150.00 ***150.00

SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOMINGUEZ, NANCY R 3791 SW 139TH COURT MIAMI FL 33175		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 **SIGNATURE REQUIRED** Date 10/13/00

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 REQUIRED** Date 10/13/00 786-325-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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10/13/00

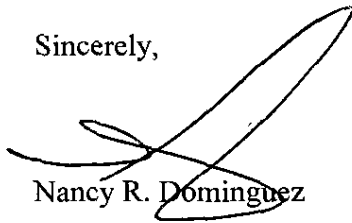
Florida Dept of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Re; NAR Inc. P99000059979

To whom it may concern:

Enclosed please find check for my annual corporation report, I was shocked when I received this letter as I have never received any previous papers to file an annual report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy R. Dominguez', with a large, stylized loop at the end.

Nancy R. Dominguez