

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-990006444**

1. Corporation Name

NATIONAL Compliance Service, Inc

2. Principal Office Address

285 SE 5th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/1998

5. FEI Number

522107491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RITA G Dew

400020900964

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

608 North Swinton Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

Date **6/12/2003**

REGISTERED AGENT MUST SIGN

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
PRES	RITA G. Dew	608 N. SWINTON Avenue	Delray Beach, FL 33444
SECS			

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:

RITA Dew

6-12-03

Date

Daytime Phone #

CR2E081 (10/02)

6/17



285 SE 5th Avenue
Delray Beach, FL 33483
Tel: 561-330-7645
Fax: 561-330-7648

Thursday, June 12, 2003

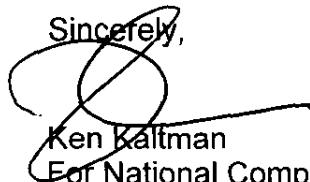
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To whom it may concern,

Enclosed are our reinstatement form for the year 2002 and a check in the amount of \$308.75 for the reinstatement fee and \$8.75 for a Certificate of Status. We did not receive the annual renewal statement for 2002. Please note the address change on the reinstatement form for future mailings.

Thank you for your prompt consideration to this matter. If you have any questions in reference to this matter please contact me at the above telephone number.

Sincerely,



Ken Kaltman
For National Compliance Services