PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-07

DOCUMENT # P99000064444

1. Corporation Name
NATIONAL Compliance Service, Inc

2. Principal Office Address	**3.** Mailing Office Address
285 SE 5TH Ave	Same
Suite, Apt. #, etc.	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
06/17/03 01002 020 **208.75

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

CR2E081 (10/02)

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
ACT PRES TREAS	RITA G. Dew	608 N. Swinton Avenue	Delray Beach, FL 33444

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 6/17

National Compliance Services, Inc.

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