PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
REINSTATEMENT			DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS				FILED 2001 NOV -2 PH 12: 06	
DOCUMENT # N9400000217					SECRETARY OF STATE			
National Association of Residential Property Managers, Inc.					7 C 11/02.	00111639497 /0701031009 **297.50		
2. Principal Office Address - No P.O. Box # 9013 University Pkwy. 9013			University Pkwy.			REINSTATEMENT 06-07		
Ste.	Ste. A	A			4. Date incorporated or Qualified To Do Business in Florida			
Pens	Pensaco				5. FEI Number 59-2232112 Applied For Not Applied For			
32514 Country 3251			Cour	ntry		G. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
	7. Name and Address of		gent					
₩addell, Robert G.						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
10281 Sorrento Ra								
Surte, Apt. #, Éta.								
Pensacola 5tota 32507					77			
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								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
1 itles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip	
Р	Derrick Gainey	901	9013 University Pkwy, Ste.			, Ste. A	Pensacola FL 32514	
\$	Beverly Nicholso	n 901	3 Uni	versity	Pkwy	, Ste. A	Pensacola FL 32514	
T	Robert Waddell	901	3 Uni	versity	Pkwy	, Ste. A	Pensacola FL 32514	
D	Kim Heatley	901	3 Uni	versity	Pkwy	, Ste. A	Pensacola FL 32514	
D	Donald Scott	901	3 Uni	versity	Pkwy	, Ste. A	Pensacola FL 32514	
D	Michael Brock			versity	Pkwy	, Ste. A	Pensacola FL 32514	
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 filling this reinstatement application, the reason for dissolution has been aliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been peed and the names of individuals lighted on this form do not qualify for an examption contained in Chapter 119, 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: Description of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for 617,0401 or 617,0401 or 617,0401, F.S., that all fees owed by the corporation have been peed and the names of individuals lighted on this form do not qualify for an examption contained in Chapter 119, 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: Description of the receiver of the second of the receiver of the corporation of the receiver of this feet of the receiver of the receiver of the receiver of this feet of the receiver of t								